

**CHANGE OF STATUS**CAMPUS: ENHName: [REDACTED]Start Date: 12/13/09Date of Determination: 12/13/10Current Program: ATCurrent Shift: AM PM EveCurrent Module: Term**Transfer to Another Shift (same program):** An Enrollment Agreement Addendum must be completed

Program: \_\_\_\_\_

Date Effective: \_\_\_\_\_

Current Shift: \_\_\_\_\_

AM

PM

EVE

Hours Completed: \_\_\_\_\_

New Shift: \_\_\_\_\_

AM

PM

EVE

Hours Needed: \_\_\_\_\_

**Transfer to Another Program:** An Enrollment Agreement Addendum must be completed

Original Program: \_\_\_\_\_

AM PM EVE

Original Start Date: \_\_\_\_\_

Hours Completed: \_\_\_\_\_

New Program: \_\_\_\_\_

AM PM EVE

New Mod Date: \_\_\_\_\_

Hours Needed to Complete: \_\_\_\_\_

**Leave of Absence: (Return from LOA on Separate Form)**

LOA Start Date: \_\_\_\_\_

Expected Return Date (next module start): \_\_\_\_\_

New Graduation Date: \_\_\_\_\_

Hours Completed: \_\_\_\_\_

Course Returning to: \_\_\_\_\_

Hours Needed to Complete: \_\_\_\_\_

Reason: \_\_\_\_\_

**Repeat Module:**

Module Failed: \_\_\_\_\_

Hours Passed: \_\_\_\_\_

Hours Needed: \_\_\_\_\_

New Projected Grad Date: \_\_\_\_\_

New LDIC: \_\_\_\_\_

**Terminated/Withdrawn:**Official Drop Date: 9/29/10Hours Completed: 600Reason for Termination: Failure to progress on externship  
Due to no site**Graduate:**

Graduation Date: \_\_\_\_\_

Externship Required: YES NO

\*Externship Evaluation Attached.

Is student eligible to receive diploma based on current standing? YES NO

Executive Director: [Signature]Date: 12/13/10Director of Education: [Signature]Date: 12/13/10Registrar: [Signature]Date: 12/13/10

White—Registrar Canary—Corporate Pink—FA



**CHANGE OF STATUS**CAMPUS: SHName: [REDACTED]Start Date: 4/3/10Date of Determination: 12/13/10Current Program: 1001Current Shift: AM PM EveCurrent Module: Extern**Transfer to Another Shift (same program):** An Enrollment Agreement Addendum must be completed

Program: \_\_\_\_\_

Date Effective: \_\_\_\_\_

Current Shift: \_\_\_\_\_

\_\_\_\_AM

\_\_\_\_PM

\_\_\_\_EVE

Hours Completed: \_\_\_\_\_

New Shift: \_\_\_\_\_

\_\_\_\_AM

\_\_\_\_PM

\_\_\_\_EVE

Hours Needed: \_\_\_\_\_

**Transfer to Another Program:** An Enrollment Agreement Addendum must be completed

Original Program: \_\_\_\_\_

\_\_\_\_AM \_\_\_\_PM \_\_\_\_EVE

Original Start Date: \_\_\_\_\_

Hours Completed: \_\_\_\_\_

New Program: \_\_\_\_\_

\_\_\_\_AM \_\_\_\_PM \_\_\_\_EVE

New Mod Date: \_\_\_\_\_

Hours Needed to Complete: \_\_\_\_\_

**Leave of Absence: (Return from LOA on Separate Form)**

LOA Start Date: \_\_\_\_\_

Expected Return Date (next module start): \_\_\_\_\_

New Graduation Date: \_\_\_\_\_

Hours Completed: \_\_\_\_\_

Course Returning to: \_\_\_\_\_

Hours Needed to Complete: \_\_\_\_\_

Reason: \_\_\_\_\_

**Repeat Module:**

Module Failed: \_\_\_\_\_

Hours Passed: \_\_\_\_\_

Hours Needed: \_\_\_\_\_

New Projected Grad Date: \_\_\_\_\_

New LDIC: \_\_\_\_\_

**Terminated/Withdrawn:**Official Drop Date: 4/3/10Hours Completed: 100Reason for Termination: no due to progress on externship**Graduate:**

Graduation Date: \_\_\_\_\_

Externship Required: YES\* NO

\*Externship Evaluation Attached

Is student eligible to receive diploma based on current standing? YES NO

Executive Director: [Signature]Date: 12/13/10Director of Education: [Signature]Date: 12/13/10Registrar: [Signature]Date: 12/13/10

White—Registrar—Canary—Corporate—Pink—FA

SSA 12/13/10for conference call 12/13/10



STAR  
CAREER ACADEMY**CHANGE OF STATUS**CAMPUS: 3175Name: [REDACTED]Start Date: 4/5/10Date of Determination: 12/13/10Current Program: 25Current Shift: AM PM EveCurrent Module: 4th**Transfer to Another Shift (same program): An Enrollment Agreement Addendum must be completed**

Program: \_\_\_\_\_

Date Effective: \_\_\_\_\_

Current Shift: \_\_\_\_\_

AM PM EVE

Hours Completed: \_\_\_\_\_

New Shift: \_\_\_\_\_

AM PM EVE

Hours Needed: \_\_\_\_\_

**Transfer to Another Program: An Enrollment Agreement Addendum must be completed**

Original Program: \_\_\_\_\_

AM PM EVE

Original Start Date: \_\_\_\_\_

Hours Completed: \_\_\_\_\_

New Program: \_\_\_\_\_

AM PM EVE

New Mod Date: \_\_\_\_\_

Hours Needed to Complete: \_\_\_\_\_

**Leave of Absence (Return from LOA on Separate Form)**

LOA Start Date: \_\_\_\_\_

Expected Return Date (next module start): \_\_\_\_\_

New Graduation Date: \_\_\_\_\_

Hours Completed: \_\_\_\_\_

Course Returning to: \_\_\_\_\_

Hours Needed to Complete: \_\_\_\_\_

Reason: \_\_\_\_\_

**Repeat Module:**

Module Failed: \_\_\_\_\_

Hours Passed: \_\_\_\_\_

Hours Needed: \_\_\_\_\_

New Projected Grad Date: \_\_\_\_\_

New LDIC: \_\_\_\_\_

**Terminated/Withdrawn:**Official Drop Date: 9/1/10Hours Completed: 622Reason for Termination: Failure to progress on externship**Graduate:**

Graduation Date: \_\_\_\_\_

Externship Required: YES NO

\*Externship Evaluation Attached

Is student eligible to receive diploma based on current standing? YES NO

Executive Director: [Signature]Date: 12/13/10Director of Education: [Signature]Date: 12/13/10Registrar: [Signature]

White—Registrar

Canary—Corporate

Pink—FA





# CHANGE OF STATUS

CAMPUS: ERTName: [REDACTED]Start Date: 9/2/10Date of Determination: 9/2/10Current Program: DTCurrent Shift: AM PM EveCurrent Module: Extern

**Transfer to Another Shift (same program):** An Enrollment Agreement Addendum must be completed

Program: \_\_\_\_\_

Date Effective: \_\_\_\_\_

Current Shift: \_\_\_\_\_

AM

PM

EVE

Hours Completed: \_\_\_\_\_

New Shift: \_\_\_\_\_

AM

PM

EVE

Hours Needed: \_\_\_\_\_

**Transfer to Another Program:** An Enrollment Agreement Addendum must be completed

Original Program: \_\_\_\_\_

AM PM EVE

Original Start Date: \_\_\_\_\_

Hours Completed: \_\_\_\_\_

New Program: \_\_\_\_\_

AM PM EVE

New Mod Date: \_\_\_\_\_

Hours Needed to Complete: \_\_\_\_\_

**Leave of Absence: (Return from LOA on Separate Form)**

LOA Start Date: \_\_\_\_\_

Expected Return Date (next module start): \_\_\_\_\_

New Graduation Date: \_\_\_\_\_

Hours Completed: \_\_\_\_\_

Course Returning to: \_\_\_\_\_

Hours Needed to Complete: \_\_\_\_\_

Reason: \_\_\_\_\_

**Repeat Module:**

Module Failed: \_\_\_\_\_

Hours Passed: \_\_\_\_\_

Hours Needed: \_\_\_\_\_

New Projected Grad Date: \_\_\_\_\_

New LDIC: \_\_\_\_\_

**Terminated/Withdrawn:**

Official Drop Date: 9/2/10Hours Completed: 600Reason for Termination: No Withdrawal

**Graduate:**

Graduation Date: \_\_\_\_\_

Externship Required: YES NO

\*Externship Evaluation Attached

Is student eligible to receive diploma based on current standing? YES NO

Executive Director: [Signature]Date: 12/1/10Director of Education: [Signature]Date: 12/1/10Registrar: [Signature]Date: 12/1/10

White—Registrar Canary—Corporate Pink—FA



**CHANGE OF STATUS**CAMPUS: ENT

Name: [REDACTED] Start Date: 4/5/10 Date of Determination: 12/13/10  
 Current Program: DT Current Shift: AM PM Eve: AM Current Module: Extern

**Transfer to Another Shift (same program):** An Enrollment Agreement Addendum must be completed

Program: \_\_\_\_\_ Date Effective: \_\_\_\_\_

Current Shift: AM PM EVE Hours Completed: \_\_\_\_\_New Shift: AM PM EVE Hours Needed: \_\_\_\_\_**Transfer to Another Program:** An Enrollment Agreement Addendum must be completed

Original Program: \_\_\_\_\_ AM PM EVE

Original Start Date: \_\_\_\_\_ Hours Completed: \_\_\_\_\_

New Program: \_\_\_\_\_ AM PM EVE

New Mod Date: \_\_\_\_\_ Hours Needed to Complete: \_\_\_\_\_

**Leave of Absence: (Return from LOA on Separate Form)**

LOA Start Date: \_\_\_\_\_ Expected Return Date (next module start): \_\_\_\_\_

New Graduation Date: \_\_\_\_\_ Hours Completed: \_\_\_\_\_

Course Returning to: \_\_\_\_\_ Hours Needed to Complete: \_\_\_\_\_

Reason: \_\_\_\_\_

**Repeat Module:**

Module Failed: \_\_\_\_\_ Hours Passed: \_\_\_\_\_ Hours Needed: \_\_\_\_\_

New Projected Grad Date: \_\_\_\_\_ New LDIC: \_\_\_\_\_

**Terminated/Withdrawn:**Official Drop Date: 9/29/10 Hours Completed: 600Reason for Termination: failure to maintain an enrollment**Graduate:**

Graduation Date: \_\_\_\_\_ Externship Required: YES\* NO

\*Externship Evaluation Attached

Is student eligible to receive diploma based on current standing? YES NO

Executive Director: [Signature]Date: 12/13/10Director of Education: [Signature]Date: 12/13/10Registrar: [Signature]Date: 12/13/10

White—Registrar Canary—Corporate Pink—FA

[Signature] 12/13/10  
Plt (P) forance case 12/13/10

**CHANGE OF STATUS**CAMPUS: EHT

Name: [REDACTED] Start Date: 4/5/10 Date of Determination: 12/13/10  
 Current Program: DT Current Shift: AM PM Eve Current Module: Open

Transfer to Another Shift (same program): An Enrollment Agreement Addendum must be completed

Program: \_\_\_\_\_ Date Effective: \_\_\_\_\_

Current Shift: \_\_\_\_AM \_\_\_\_PM \_\_\_\_EVE Hours Completed: \_\_\_\_\_

New Shift: \_\_\_\_AM \_\_\_\_PM \_\_\_\_EVE Hours Needed: \_\_\_\_\_

Transfer to Another Program: An Enrollment Agreement Addendum must be completed

Original Program: \_\_\_\_\_ AM PM EVE

Original Start Date: \_\_\_\_\_ Hours Completed: \_\_\_\_\_

New Program: \_\_\_\_\_ AM PM EVE

New Mod Date: \_\_\_\_\_ Hours Needed to Complete: \_\_\_\_\_

Leave of Absence: (Return from LOA on Separate Form)

LOA Start Date: \_\_\_\_\_ Expected Return Date (next module start): \_\_\_\_\_

New Graduation Date: \_\_\_\_\_ Hours Completed: \_\_\_\_\_

Course Returning to: \_\_\_\_\_ Hours Needed to Complete: \_\_\_\_\_

Reason: \_\_\_\_\_

Repeat Module:

Module Failed: \_\_\_\_\_ Hours Passed: \_\_\_\_\_ Hours Needed: \_\_\_\_\_

New Projected Grad Date: \_\_\_\_\_ New LDIC: \_\_\_\_\_

Terminated/Withdrawn:Official Drop Date: 9/29/10 Hours Completed: 600Reason for Termination: Failure to Progress on externshipGraduate:

Graduation Date: \_\_\_\_\_ Externship Required: YES\* NO

\*Externship Evaluation Attached.

Is student eligible to receive diploma based on current standing? YES NO

Executive Director: [Signature]Date: 12/13/10Director of Education: [Signature]Date: 12/13/10Registrar: [Signature]Date: 12/13/10

White—Registrar Canary—Corporate Pink—FA

[Signature] 12/13/10  
per conference call 12/13/10 - A + Colleen



\_\_\_\_\_



ANY HOLDER OF THIS CONSUMER CREDIT CONTRACT IS SUBJECT TO CLAIMS AND DEFENSES WHICH THE DEBTOR COULD ASSERT AGAINST THE SELLER OF GOODS OR SERVICES OBTAINED PURSUANT HERETO OR WITH THE PROCEEDS HEREOF. RECOVERY HEREUNDER BY THE DEBTOR SHALL NOT EXCEED AMOUNTS PAID BY THE DEBTOR HEREUNDER.

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided that the applicant has the capacity to enter into a binding contract), because of part of the applicant's income derives from more than one source, or because the applicant has in good faith exercised his right to receive public assistance under the Federal Income Tax Reduction Act. The Federal agency that administers compliance with the law concerning this Act is the Federal Reserve Board.

**NOTICE OF CANCELLATION**

Any agreement shall not be binding until (a) business days have passed from the date of signing this agreement by both parties; if you return any property traded in, any payments made by you under the contract of sale, and any negotiable instrument executed by you will be returned within ten business days following receipt by the seller of your cancellation notice; and any security interest arising out of the transaction will be cancelled, mail or deliver a signed and dated copy of this cancellation notice or any other notice to STAR CAREER ACADEMY, 114 Cross Keys Road, Suite 101A, Berlin, NJ 08009 within 3 business days of the date of this notice.

**LIST OF REFUND SOURCES**

If the school has received an excess of funds on the student's account, the school will give priority to the following sources:

- (1) Subsidized Federal Stafford Loan; (2) Subsidized Federal Stafford Loan; (3) Unsubsidized Federal Direct Loan; (4) Subsidized Federal Direct Loan; (5) Unsubsidized Federal Direct Loan; (6) Other federal, state, private or institutional sources of aid.

The student's remaining balances are due and students will be billed if a balance is due to the school after the refunds have been calculated. Any remaining balances are due and students must pay them immediately and are subject to 1 1/2% interest per month on the unpaid balance, plus attorney's fees and collection costs. Examples of refund calculations are available in the Financial Aid Office.

The Students (less non-student dependents) shall receive credit for each course completed as follows:

- a) 70% of the total tuition if withdrawal occurs within the first 25 hours of scheduled attendance; b) 65% of the total tuition if withdrawal occurs after 25 hours but within 25% of the total tuition; c) 45% of the total tuition if withdrawal occurs after 25% of the program but within 50% of the program; d) 100% if withdrawn between 25 and 75 hours of scheduled attendance; e) 75% of the total tuition if withdrawal occurs after 75 hours but within 25% of the program; f) 70% of the total tuition if withdrawal occurs after 25% of the program but within 50% of the program; g) 45% of the total tuition if withdrawal occurs after 50% of the program.

In special cases, such as the death of the student, which make it impractical to complete the training, the school shall make a settlement with its fair and reasonable to both parties.

exceeding 1200 hours, the school may retain unregistered students for a maximum of 1200 hours, plus:

- a) 24 hours or more per week of the total tuition if withdrawal occurs in the 1st week; b) 20% of the total tuition if withdrawal occurs in the 2nd or 3rd week of the program; c) 45% of the total tuition if withdrawal occurs after the third week but prior to the completion of 25% of the program; d) 50% of the total tuition if withdrawal occurs after 25% of the program but within 50% of the program; e) 100% if withdrawal occurs after 50% of the program.

[illegible]

1. The first step in the process of the investigation is the identification of the problem. This is done by the investigator who is responsible for the investigation. The investigator will identify the problem and then will determine the scope of the investigation. The investigator will then determine the objectives of the investigation and will then determine the methods of the investigation. The investigator will then determine the results of the investigation and will then determine the conclusions of the investigation. The investigator will then determine the recommendations of the investigation and will then determine the actions of the investigation. The investigator will then determine the follow-up of the investigation and will then determine the final report of the investigation.

**OF THIS AGREEMENT**

(1) I agree to abide by STAR CAREER ACADEMY (hereinafter referred to as SCA) regulations during my/her period of enrollment. SCA has the right to cancel/terminate the student's enrollment based on the following circumstances: (1) failure to maintain Academic Progress; and (2) Student conduct that is detrimental to the student and/or school. (Note: These points are discussed in the school's Official School Catalogue). (3) agrees to make tuition payments as specified in this agreement with the understanding that nonpayment of tuition, failing grades, or unsatisfactory attendance will result in immediate dismissal. (4) agrees that if for any reason he/she cannot continue in the class does not relieve him/her of this liability; and (5) agrees that if for any reason he/she cannot continue in the class, such notice must be given to the address noted on the reverse side by certified mail. (6) The applicant agrees that the financial aid classes, such as addition to the student applying for and receiving financial aid. (7) The applicant agrees that the financial aid classes, such as addition to the student applying for and receiving financial aid.

under this agreement may be sold or assigned to a third party without notice to the applicant at any time, and fees that upon approval, it may be immediately assigned



SOCIAL SECURITY NUMBER

DATE FORM COMPLETED 12/20/2010

DATE OF THE DETERMINATION THAT THE STUDENT WITHDREW

12/13/2010

Period used for calculation (check one)

payment period

x	period of enrollment
---	----------------------

Monetary amounts should be in dollars and cents (rounded to the nearest penny). Round to three decimal places when calculating percentages. For example, .4486 would be .449, or 44.9%.

### Step 1: Student's Title IV Aid Information

NOTE: NO TITLE IV

Step 1: Student's Title IV Aid Information				Amount	amount of
NOTE: NO TITLE IV				that could	stipend
	Net Amount	Net Amount		Amount	
	Disbursed	That Could Have		have been	paid to
		Been Disbursed		Disbursed	student
1. Unsubsidized FFEL/Direct Stafford Loan	\$0.00	\$0.00	5. Pell grant	\$5,450.00	\$1,388.00
2. Subsidized FFEL/Direct Stafford Loan	\$0.00	\$0.00	6. FSEOG	\$0.00	\$0.00
3. Perkins Loan	\$0.00	\$0.00	7. Other Title IV programs*	\$0.00	\$0.00
4. FFEL/Direct PLUS	\$0.00	\$0.00	* Do not include FWS	\$0.00	\$0.00

A. Total Title IV aid disbursed (NOT aid that could have been disbursed) for the payment period or period of enrollment

A	\$5,450.00
---	------------

B. Total of Title IV aid disbursed plus the Title IV aid that could have been disbursed for the payment period or period of enrollment

B	\$6,838.00
---	------------

### Step 2: Percentage of Title IV Earned

C. \* If school is not required to take attendance and student withdrew notification, enter 50% in Box C and proceed to Step 3 OR school may enter a last date of attendance at an academically-related activity for "withdrawal date" and proceed from there.

\* Withdrawal date 9/29/2010

MENT PERIOD 1 4/5/2010 TO 1/6/2011

Total number of calander days entire program

Total Number of calendar day attempted

Total number of calendar days in payment period 1

Total number of calendar days in payment period 2

Total number of calendar days in payment period 3

267

178

267

N/A

N/A

\* Percentage of payment period or period of enrollment

Determine the calander days completed in the payment period or period of enrollment divided by the total calander days in the payment period or period of enrollment (exclude schedule breaks of 5 days or more AND days that the student was on approved leaves of absence).

178	267	=	66.7% OF TERM 1	C	100.0%
N/A	N/A	=	N/A OF TERM 2	C	N/A
N/A	N/A	=	N/A OF TERM 3	C	N/A

If this amount is less than or equal to 60%, enter the amount in Box C. If this amount is greater than 60% (with or without rounding), enter 100% in Box C.

**STEP 3: Amount of Title IV Aid Earned by the student**

D. Percentage of Title IV aid earned (Box C) x the total of Title IV aid disbursed plus the Title IV aid that could have been disbursed for the payment period or period of enrollment (Box B)

TERM 1	100.0%	x	\$6,838.00	=	D	\$6,838.00
TERM 2	N/A	x	N/A	=	D	N/A
TERM 3	N/A	x	N/A	=	D	N/A
	Box C		Box B			

**Step 4: Total Title IV Aid to be Disbursed or Returned**

If the amount in Box D is greater than the amount in Box A, go to item E. If the amount in Box A is greater than the amount in Box D, go to item F. If the amounts in Boxes A and D are equal, STOP. no further action is necessary.

Post-withdrawal disbursement. Subtract Title IV aid disbursed for the payment period or period of enrollment (Box A) from the amount of Title IV aid earned (Box D). This is the amount of the post-withdrawal disbursement due. Stop here and go to the post-withdrawal disbursement tracking sheet.

\$6,838.00	-	\$5,450.00	=
------------	---	------------	---

$$\boxed{\$6,838.00} - \boxed{\$5,450.00} = \text{E } \boxed{\$1,388.00}$$

Box D                      Box A



**F: Title IV aid to be returned.**

Subtract the amount of Title IV aid earned (Box D) from Title IV aid disbursed for the payment period or period of enrollment (Box A). This is the amount of Title IV aid that must be returned.

\$5,450.00	-	\$6,838.00	=	F	\$0.00
Box A		Box D		stipend	\$0.00

**STEP 5: Amount of Unearned Title IV Aid Due from the SCHOOL****G. Institutional charges for the payment period or period of enrollment**

Tuition	\$15,637.00	Other Fees	\$425.00	Other	\$0.00
Registration Fee	\$0.00	Books	\$311.00	Other	\$92.00
Total Institutional Charges					G \$16,465.00

**H. Percentage of Title IV aid unearned (100%-Box C)**

TERM 1	H	0.0%
TERM 2	H	N/A
TERM 3	H	N/A

I. Multiply institutional charges for the payment period or period of enrollment (Box G) times the percentage of Title IV aid unearned (Box H).

TERM 1	\$16,465.00	x	0.0%	=	I	\$0.00
TERM 2	N/A	x	N/A	=	I	N/A
TERM 3	N/A	x	N/A	=	I	N/A
	Box G		Box H			

**J. Compare the amount of Title IV aid to be returned (Box F) to Box I and enter the lesser amount.**

J	\$0.00
- stipend	\$0.00

**STEP 6: Return of Funds by the SCHOOL**

The school must return the unearned aid for which the school is responsible (Box J) by repaying funds to the following sources, in order, up to the total net amount disbursed from each source.

	Amount for School to Return	Award Year		Amount for School to Return	Award Year
1. Unsubsidized FFEL/ Direct Stafford Loan	\$0.00		5. Pell Grant	\$0.00	
2. Subsidized FFEL/Direct Stafford Loan	\$0.00		6. FSEOG	\$0.00	
3. Perkins Loan	\$0.00		7. Other Title IV programs	\$0.00	
4. FFEL/Direct PLUS	\$0.00				

**STEP 7: Initial Amount of Unearned Title IV Aid Due from the STUDENT**

K: Subtract the amount of Title IV aid due from the school (Box J) from the amount of Title IV aid to be returned (Box F)

\$0.00	-	\$0.00	=	K	\$0.00
Box F		Box J			

**Step 8: Return of Funds by the STUDENT**

The student (or parent for a PLUS loan) must return unearned aid for which the student is responsible (Box K) by repaying funds to the following sources, in order, up to the total net amount disbursed from each source, after subtracting the amount the school will return. Amounts to be returned to grants reduced by 50%.

	Amount for Student to return		Amount for Student to return		
1. Unsubsidized FFEL/ Direct Stafford Loan*	\$0.00	5. Pell Grant	\$0.00	x 50%	\$0.00
2. Subsidized FFEL/Direct Stafford Loan *	\$0.00	6. FSEOG	\$0.00	x 50%	\$0.00
3. Perkins Loan*	\$0.00	7. Other Title IV programs	\$0.00		
4. FFEL/Direct PLUS*	\$0.00	(X 50% for grant funds)			

\* Loan amounts are returned in accordance with the terms of the promissory note. No further action is required other than notification to the holder of the loan of the student's withdrawal date.



## Post-Withdrawal Disbursement Tracking Sheet

STUDENT'S NAME

SOCIAL SECURITY NUMBER

## Amount of Post-Withdrawal Disbursement

A. Amount from Box E of "Treatment of Title IV Funds When a Student Withdraws" Worksheet

A \$1,388.00

NOTE: STUDENT DID NOT REACH 3RD MID POINT

## Post-withdrawal Disbursement Credited to student's Account

B. Total outstanding charges on student's account

B \$0.00

C. Total amount of post-withdrawal disbursement credited to student's account

\* Amount of post-withdrawal disbursement credited for tuition, fees,  
room and board (if student contracts with the institution)\$0.00\* Amount of post-withdrawal disbursement credited for other  
current charges+ \$0.00\* Amount of post-withdrawal disbursement credited for minor prior  
year charges+ \$0.00

Total Amount Credited to Account C

\$0.00D. Student and/or parent authorization to credit account for other current charges or minor prior year charges  
(if necessary) obtained onE. If a post-withdrawal disbursement of loan funds is credited to account, date of notification to  
student and/or parent

## Post-Withdrawal Disbursement Offered to Student/Parent

F. Total amount of post-withdrawal disbursement (Box A)- amount of post-withdrawal disbursement credited to  
student's account (Box C) = Total amount to offer to student/parentF \$0.00

G. Notification sent to student and/or parent on

H. Response received from student/parent on

Response not received

I. Amount accepted

## Post-withdrawal Disbursement Made From

Pell Grant	<u>\$0.00</u>
FSEOG	<u>\$0.00</u>
Other Title IV programs (grants)	<u>\$0.00</u>

Unsubsidized FFEL/ Direct Stafford Loan	<u>\$0.00</u>
Subsidized FFEL/Direct Stafford Loan	<u>\$0.00</u>
Perkins Loan	<u>\$0.00</u>
FFEL/Direct PLUS	<u>\$0.00</u>
Other Title IV programs (loans)	<u>\$0.00</u>



CAMPUS:

DATE:

STUDENT NAME:

SOCIAL SECURITY NUMBER:

PROGRAM:

START DATE:

NUMBER OF WEEKS IN PROGRAM

NUMBER OF HOURS IN WEEK

TOTAL # OF CLOCK HOURS FOR CLASS:

DATE OF COS:

LAST DAY ATTENDED:

HOURS PRESENT:

HOURS SCHEDULED:

TOTAL TUITION ONLY

REGISTRATION FEE

OTHER FEES

BOOKS, SUPPLIES, EQUIPMENT

TOTAL INSTITUTIONAL COSTS

TOTAL AID PAID TO

INSTITUTIONAL COSTS

STUDENT SCHEDULED CASH PAYMENTS

STUDENT CASH PD TO EDUC. EXPENSES

UNPAID CHARGES

\* DO NOT INCLUDE UNEARNED FUNDS IN THIS FIGURE

AMOUNT OF UNEARNED FUNDS

AMOUNT OF UNEARNED FUNDS

AMOUNT OF UNEARNED FUNDS

AMOUNT OF UNEARNED FUNDS

AMOUNT OF UNEARNED FUNDS

PELL

STAFFORD

UNSUB

PLUS

SEOG

EGG HARBOR

12/29/2010

DT-D

4/5/2010

37.5

24

900

12/13/2010

9/29/2010

N/A

600

\$15,637.00

+ \$0.00

+ \$425.00

+ \$403.00

= \$16,465.00

PELL - \$5,450.00

STAFFORD SUB. - \$0.00

STAFFORD UNSUB. - \$0.00

AGENCY \$3,828.00

SCHOLARSHIP - \$4,799.00

= \$2,388.00

- \$0.00

= \$2,388.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

EGG HARBOR

12/29/2010

DT-D

4/5/2010

37.5

24

900

12/13/2010

9/29/2010

N/A

600

\$15,637.00

+ \$0.00

+ \$425.00

+ \$403.00

= \$16,465.00

PELL - \$5,450.00

STAFFORD SUB. - \$0.00

STAFFORD UNSUB. - \$0.00

AGENCY \$3,828.00

SCHOLARSHIP - \$4,799.00

= \$2,388.00

- \$0.00

= \$2,388.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

TUITION ONLY

\$15,637.00

% TO BE RETAINED

0.00%

% TO BE RETAINED

0.00%

% TO BE RETAINED

0.00%

% TO BE RETAINED

0.00%

% TO BE RETAINED

100.00%

TUITION TO RETAIN

\$15,637.00

REGISTRATION FEE

\$0.00

OTHER FEES

\$425.00

BOOKS, SUPP, EQUIP

\$403.00

BOOKS NOT ISSUED

\$0.00

UNPAID CHARGES

N/A

RETAINABLE FUNDS

\$16,465.00

TOTAL PD TO INST COSTS

\$14,077.00

RETAINABLE FUNDS

\$16,465.00

REFUND DUE

(\$2,388.00)

\* IF REFUND DUE IS A NEGATIVE NUMBER-

SEND REFUND CALCULATION, FINANCE CARD

&amp; CHANGE OF STATUS TO CORPORATE

	EARNED FUNDS	UNEARNED FUNDS	TOTAL OF ALL FUNDS	AWARD YEAR OF FUNDS
UNSUB	\$0.00	\$0.00	\$0.00	
STAFFORD	\$0.00	\$0.00	\$0.00	
PLUS	\$0.00	\$0.00	\$0.00	
PELL	\$0.00	\$0.00	\$0.00	
SEOG	\$0.00	\$0.00	\$0.00	
OTHER	\$0.00	\$0.00	\$0.00	
TOTAL	\$0.00	\$0.00	\$0.00	

NAME OF BANK TO REFUND

SUB/UNSUB/PLUS

OTHER BANKS

TOTAL TUITION AND FEES: \$16,465.00

LESS TOTAL EDUC. CHARGES: \$16,465.00

EQUALS UNEARNED TUITION AND FEES: \$0.00



# STAR TECHNICAL INSTITUTE

## NEW JERSEY ENROLLMENT AGREEMENT

8

THIS AGREEMENT IS MADE THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_, between STAR TECHNICAL INSTITUTE, a corporation organized and existing under the laws of the State of New Jersey, and \_\_\_\_\_, a resident of the State of New Jersey.

WHEREAS, STAR TECHNICAL INSTITUTE is a private, non-profit educational institution; and

WHEREAS, the undersigned desires to enroll in the \_\_\_\_\_ program of STAR TECHNICAL INSTITUTE;

THEY HAVE AGREED TO THE FOLLOWING TERMS AND CONDITIONS:

1. The undersigned hereby certifies that he/she is at least \_\_\_\_\_ years of age and is a resident of the State of New Jersey.
2. The undersigned hereby certifies that he/she is not currently enrolled in any other educational program at the time of signing this agreement.
3. The undersigned hereby certifies that he/she is not currently employed by STAR TECHNICAL INSTITUTE.
4. The undersigned hereby certifies that he/she is not currently employed by any other entity that is affiliated with STAR TECHNICAL INSTITUTE.
5. The undersigned hereby certifies that he/she is not currently employed by any other entity that is affiliated with STAR TECHNICAL INSTITUTE.
6. The undersigned hereby certifies that he/she is not currently employed by any other entity that is affiliated with STAR TECHNICAL INSTITUTE.
7. The undersigned hereby certifies that he/she is not currently employed by any other entity that is affiliated with STAR TECHNICAL INSTITUTE.
8. The undersigned hereby certifies that he/she is not currently employed by any other entity that is affiliated with STAR TECHNICAL INSTITUTE.
9. The undersigned hereby certifies that he/she is not currently employed by any other entity that is affiliated with STAR TECHNICAL INSTITUTE.
10. The undersigned hereby certifies that he/she is not currently employed by any other entity that is affiliated with STAR TECHNICAL INSTITUTE.

IN WITNESS WHEREOF, the undersigned has hereunto set his/her hand and seal, and the Seal of STAR TECHNICAL INSTITUTE, on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
 Signature of Student

\_\_\_\_\_  
 Signature of Parent/Guardian

\_\_\_\_\_  
 Signature of STAR TECHNICAL INSTITUTE Representative

THE UNDERSIGNED HEREBY CERTIFIES THAT HE/SHE HAS READ AND UNDERSTANDS THE CONTENTS OF THIS AGREEMENT AND HAS AGREED TO THE TERMS AND CONDITIONS HEREIN. THE UNDERSIGNED HEREBY CERTIFIES THAT HE/SHE HAS READ AND UNDERSTANDS THE CONTENTS OF THIS AGREEMENT AND HAS AGREED TO THE TERMS AND CONDITIONS HEREIN.

IN WITNESS WHEREOF, the undersigned has hereunto set his/her hand and seal, and the Seal of STAR TECHNICAL INSTITUTE, on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
 Signature of Student

\_\_\_\_\_  
 Signature of Parent/Guardian

\_\_\_\_\_  
 Signature of STAR TECHNICAL INSTITUTE Representative

### RETAIL INSTALLMENT CONTRACT/CONSUMER NOTE

THIS CONTRACT IS MADE THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_, between STAR TECHNICAL INSTITUTE, a corporation organized and existing under the laws of the State of New Jersey, and \_\_\_\_\_, a resident of the State of New Jersey.

WHEREAS, STAR TECHNICAL INSTITUTE is a private, non-profit educational institution; and

WHEREAS, the undersigned desires to purchase the \_\_\_\_\_ from STAR TECHNICAL INSTITUTE;

THEY HAVE AGREED TO THE FOLLOWING TERMS AND CONDITIONS:

1. The undersigned hereby certifies that he/she is at least \_\_\_\_\_ years of age and is a resident of the State of New Jersey.
2. The undersigned hereby certifies that he/she is not currently enrolled in any other educational program at the time of signing this agreement.
3. The undersigned hereby certifies that he/she is not currently employed by STAR TECHNICAL INSTITUTE.
4. The undersigned hereby certifies that he/she is not currently employed by any other entity that is affiliated with STAR TECHNICAL INSTITUTE.
5. The undersigned hereby certifies that he/she is not currently employed by any other entity that is affiliated with STAR TECHNICAL INSTITUTE.
6. The undersigned hereby certifies that he/she is not currently employed by any other entity that is affiliated with STAR TECHNICAL INSTITUTE.
7. The undersigned hereby certifies that he/she is not currently employed by any other entity that is affiliated with STAR TECHNICAL INSTITUTE.
8. The undersigned hereby certifies that he/she is not currently employed by any other entity that is affiliated with STAR TECHNICAL INSTITUTE.
9. The undersigned hereby certifies that he/she is not currently employed by any other entity that is affiliated with STAR TECHNICAL INSTITUTE.
10. The undersigned hereby certifies that he/she is not currently employed by any other entity that is affiliated with STAR TECHNICAL INSTITUTE.

### RETAIL INSTALLMENT

THE UNDERSIGNED HEREBY CERTIFIES THAT HE/SHE HAS READ AND UNDERSTANDS THE CONTENTS OF THIS AGREEMENT AND HAS AGREED TO THE TERMS AND CONDITIONS HEREIN. THE UNDERSIGNED HEREBY CERTIFIES THAT HE/SHE HAS READ AND UNDERSTANDS THE CONTENTS OF THIS AGREEMENT AND HAS AGREED TO THE TERMS AND CONDITIONS HEREIN.

### ITEMIZATION OF AGENCY FINANCING

Item	Description	Amount
1	Star Technical Institute	
2	Star Technical Institute	
3	Star Technical Institute	
4	Star Technical Institute	
5	Star Technical Institute	
6	Star Technical Institute	
7	Star Technical Institute	
8	Star Technical Institute	
9	Star Technical Institute	
10	Star Technical Institute	

IN WITNESS WHEREOF, the undersigned has hereunto set his/her hand and seal, and the Seal of STAR TECHNICAL INSTITUTE, on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
 Signature of Student

\_\_\_\_\_  
 Signature of Parent/Guardian

\_\_\_\_\_  
 Signature of STAR TECHNICAL INSTITUTE Representative

REVERSE SIDE FOR ADDITIONAL INFORMATION CONCERNING REFUND POLICY AND CANCELLATION OF AGENCY FINANCING.



**PROVISIONS OF THIS AGREEMENT**

The applicant (1) agrees to abide by STAR TECHNICAL INSTITUTE (hereinafter referred to as STI) regulations during his/her period of attendance; (2) understands that non payment of tuition, failing grades, or unsatisfactory conduct, may result in immediate dismissal; (3) agrees to make tuition payments as specified in this agreement with the understanding that absence from a regularly scheduled class does not relieve him/her of this liability; and (4) agrees that if for any reason he/she cannot continue his/her course of study, he/she will discuss the matter with an official of STI prior to termination. If a student cancels or withdraws from classes, such notice must be given to the address noted on the reverse side by certified mail.

STI agrees to: (1) provide its facilities, staff, equipment and expertise for complete training in the course of study; (2) provide consultation services during and after the training period; and (3) assist students and alumni in initial job placement (though **PLACEMENT CANNOT BE GUARANTEED**).

Upon satisfactory completion of the program, STI will award a DIPLOMA in recognition of this achievement. A minimum final grade of 70% is required for graduation and all financial obligations must be settled.

STI reserves the right to change instructors, revise and/or change course outlines and lesson materials (to insure that current and future industry standards are met), and to make such other changes as the school deems advisable after approval by the proper authority — including merger of classes and revision of class schedules. In no event will any such change diminish the competency or content of any program or result in additional charges to the student.

**RETURN OF TITLE IV**

Students will have their Title IV Federal Funds returned based upon a proportional calculation (return of funds) through the final 60% of the period charged. If a student has completed more than 60% of the period charged, there will not be any funds returned. At this point, the student has earned 100% of his or her Title IV eligibility; tuition will be charged by period of enrollment rather than payment period for these students.

The school will determine the withdrawal date and then determine the percent of the period of enrollment attended by the student. The amount of the Title IV aid earned will be determined by multiplying total aid disbursed or eligible to be disbursed by the percentage of time attended. The amount of Title IV funds earned will then be compared to the amount received or eligible to be received. If the amount earned is greater than or equal to the amount disbursed, no return of funds is due. If the amount earned is less than the amount disbursed, a post-withdrawal disbursement must be made if the student is eligible. If the amount earned is less than the amount disbursed, unearned funds will have to be returned to the appropriate Title IV program(s). All unearned funds will be returned within 45 days from the date the school determined the student has withdrawn. Once the appropriate refunds have been made according to the Federal return of funds policy, the institution will then calculate the amount of tuition earned using the appropriate state policy.

**NEW JERSEY REFUND POLICY/CANCELLATION**

All advance payments will be refunded in full if: 1) the applicant is not accepted by the school, or 2) the applicant cancels in writing within three (3) business days after signing by both parties, even if instruction has begun during the three (3) day period. If cancellation occurs beyond the three (3) days after signing of the enrollment agreement but before beginning of classes, the \$100.00 registration fee will be retained. Tuition will be calculated as of the last day of attendance. Students who have not visited the school facility prior to enrollment will have the opportunity to withdraw without penalty within three (3) days following either attendance at a regularly scheduled orientation or following a tour of the school facility and inspection of equipment. After commencement of classes, for programs 300 hours in length but not exceeding 1200 hours, the school may retain the registration fee, student services fee and cost for all books and supplies received by the student plus:

**Full-Time Students (24 hours or more per week)**

a) 10% of the total tuition if withdrawal occurs in the first week; b) 20% of the total tuition if withdrawal occurs in the 2nd or 3rd week of the program; c) 45% of the total tuition if withdrawal occurs after the third week but prior to the completion of 25% of the program; d) 70% of the total tuition if withdrawal occurs after 25% of the program but within 50% of the program; e) 100% if withdrawal occurs after completing 50% of the program.

**Part-Time Students (less than 24 hours per week)**

a) 10% of the total tuition if withdrawal occurs within the first 25 hours of scheduled attendance; b) 20% of the total tuition if withdrawal occurs between 25 and 75 hours of scheduled attendance; c) 45% of the total tuition if withdrawal occurs after 75 hours but within 25% of the program; d) 70% of the total tuition if withdrawal occurs after 25% of the program but within 50% of the program; e) 100% if withdrawal occurs after completing 50% of the program.

In special cases, such as the death of the student, which make it impractical to complete the training, the school shall make a settlement which is fair and reasonable to both parties.

**PRIORITY OF REFUNDS**

In the event the school has received an excess of funds on the student's account, the school will give priority to refunds as follows: 1) Unsubsidized Federal Stafford Loan; 2) Subsidized Federal Stafford Loan; 3) Unsubsidized Federal Direct Loan; 4) Subsidized Federal Direct Loan; 5) Federal Plus Loan; 6) Direct Plus Loan; 7) Federal Pell Grant; 8) Other Federal; State, private or institutional sources of aid; 9) the student.

The student will be billed if a balance is due to the school after the refunds have been calculated. Any remaining balances are due and payable in full immediately and are subject to 1 1/2% interest per month on the unpaid balance, plus attorney's fees and collection costs. Please note: Examples of refund calculations are available in the Financial Aid Office.

**NOTICE OF CANCELLATION**

This agreement shall not be binding until (3) business days have passed from the date of signing this agreement by both parties. If you cancel, any property traded in, any payments made by you under the contract or sale, and any negotiable instrument executed by you will be returned within ten business days following receipt by the seller of your cancellation notice, and any security interest arising out of the transaction will be cancelled. To cancel this transaction, mail or deliver a signed and dated copy of this cancellation notice or any other written notice to STAR TECHNICAL INSTITUTE, 114 Cross Keys Road, Suite 101A, Berlin, NJ 08009 within 3 business days of the date of this contract.

**NOTICE**

**ANY HOLDER OF THIS CONSUMER CREDIT CONTRACT IS SUBJECT TO CLAIMS AND DEFENSES WHICH THE DEBTOR COULD ASSERT AGAINST THE SELLER OF GOODS OR SERVICES OBTAINED PURSUANT HERETO OR WITH THE PROCEEDS HEREOF. RECOVERY HEREUNDER BY THE DEBTOR SHALL NOT EXCEED AMOUNTS PAID BY THE DEBTOR HEREUNDER.**

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided that the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance programs; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The Federal agency that administers compliance with the law concerning this creditor is the Federal Trade Commission, Washington, DC 20580.

It is the intention of Maker and Payee to conform strictly to applicable usury laws. Accordingly, if the transactions contemplated hereby would be usurious under applicable law (including the laws of the State of New Jersey and the laws of the United States of America), then, in that event, notwithstanding anything to the contrary in any agreement entered into in connection with, it is agreed as follows: (i) the aggregate of all consideration which constitutes interest under applicable law that is contracted for, charged or received under this note or under any of the other aforesaid agreements or otherwise in connection with this note shall under no circumstances exceed the maximum amount of interest allowed by applicable law, and any excess shall be credited on the note by the holder thereof (or, if this note shall have been paid in full, refunded to Maker); and (ii) in the event that maturity of this note is accelerated by reason of an election by the holder thereof resulting from any default hereunder or otherwise, or in the event of any required or permitted prepayment, then such consideration that constitutes interest may never include more than the maximum amount allowed by applicable law, and excess interest, if any, provided for in this note or otherwise shall be cancelled automatically as of the date of such acceleration or prepayment and, if theretofore prepaid, shall be credited on this note (or, if this note shall have been paid in full, refunded to the Maker).

NOTICE: See reverse side for additional terms of contract.



EIT

STUDENTS NAME

SOCIAL SECURITY NUMBER

DATE FORM COMPLETED

12/22/2010

DATE OF THE DETERMINATION THAT THE STUDENT WITHDREW

12/13/2010

period used for calculation (check one)

payment period

x

period of enrollment

Monetary amounts should be in dollars and cents (rounded to the nearest penny). Round to three decimal places when calculating percentages. For example, .4486 would be .449, or 44.9%.

## Step 1: Student's Title IV Aid Information

	Net Amount Disbursed	Net Amount That Could Have Been Disbursed		Amount Disbursed	Amount that could have been disbursed	amount of stipend paid to student
1. Unsubsidized FFEL/Direct Stafford Loan	\$0.00	\$0.00	5. Pell grant	\$0.00	\$0.00	\$0.00
2. Subsidized FFEL/Direct Stafford Loan	\$0.00	\$0.00	6. FSEOG	\$0.00	\$0.00	\$0.00
3. Perkins Loan	\$0.00	\$0.00	7. Other Title IV programs*	\$0.00	\$0.00	\$0.00
4. FFEL/Direct PLUS	\$0.00	\$0.00	* Do not include FWS	\$0.00	\$0.00	\$0.00

A. Total Title IV aid disbursed (NOT aid that could have been disbursed) for the payment period or period of enrollment

A \$0.00

B. Total of Title IV aid disbursed plus the Title IV aid that could have been disbursed for the payment period or period of enrollment

B \$0.00

## Step 2: Percentage of Title IV Earned

C. \* If school is not required to take attendance and student withdrew notification, enter 50% in Box C and proceed to Step 3 OR school may enter a last date of attendance at an academically-related activity for "withdrawal date" and proceed from there.

\* Withdrawal date  
MENT PERIOD 1

9/29/2010  
4/5/2010

TO

1/6/2011

Total number of calendar days entire program

267

Total Number of calendar day attempted

178

Total number of calendar days in payment period 1

267

Total number of calendar days in payment period 2

N/A

Total number of calendar days in payment period 3

N/A

\* Percentage of payment period or period of enrollment

Determine the calendar days completed in the payment period or period of enrollment divided by the total calendar days in the payment period or period of enrollment (exclude schedule breaks of 5 days or more AND days that the student was on approved leaves of absence).

178	267	=	66.7% OF TERM 1
N/A	N/A	=	N/A OF TERM 2
N/A	N/A	=	N/A OF TERM 3

C	100.0%
C	N/A
C	N/A

If this amount is less than or equal to 60%, enter the amount in Box C. If this amount is greater than 60% (with or without rounding), enter 100% in Box C.

## STEP 3: Amount of Title IV Aid Earned by the student

D. Percentage of Title IV aid earned (Box C) x the total of Title IV aid disbursed plus the Title IV aid that could have been disbursed for the payment period or period of enrollment (Box B)

TERM 1	100.0%	x	\$0.00	=	D	\$0.00
TERM 2	N/A	x	N/A	=	D	N/A
TERM 3	N/A	x	N/A	=	D	N/A
	Box C		Box B			

## Step 4: Total Title IV Aid to be Disbursed or Returned

If the amount in Box D is greater than the amount in Box A, go to item E. If the amount in Box A is greater than the amount in Box D, go to item F. If the amounts in Boxes A and D are equal, STOP. no further action is necessary.

Post-withdrawal disbursement.

Subtract Title IV aid disbursed for the payment period or period of enrollment (Box A)

from the amount of Title IV aid earned (Box D). This is the amount of the post-withdrawal disbursement due. Stop here

and go to the post-withdrawal disbursement tracking sheet.

\$0.00	-	\$0.00	=	E	\$0.00
Box D		Box A			



**F: Title IV aid to be returned.**

Subtract the amount of Title IV aid earned (Box D) from Title IV aid disbursed for the payment period or period of enrollment (Box A). This is the amount of Title IV aid that must be returned.

<u>\$0.00</u>	-	<u>\$0.00</u>	=	F	<u>\$0.00</u>
Box A		Box D		stipend	<u>\$0.00</u>

**P 5: Amount of Unearned Title IV Aid Due from the SCHOOL****G. Institutional charges for the payment period or period of enrollment**

Tuition	<u>\$15,637.00</u>	Other Fees	<u>\$425.00</u>	Other	<u>\$0.00</u>
Registration Fee	<u>\$0.00</u>	Books	<u>\$311.00</u>	Other	<u>\$92.00</u>
Total Institutional Charges					G <u>\$16,465.00</u>

**H. Percentage of Title IV aid unearned (100%-Box C)**

TERM 1	H	<u>0.0%</u>
TERM 2	H	<u>N/A</u>
TERM 3	H	<u>N/A</u>

I. Multiply institutional charges for the payment period or period of enrollment (Box G) times the percentage of Title IV aid unearned (Box H).

TERM 1	<u>\$16,465.00</u>	x	<u>0.0%</u>	=	I	<u>\$0.00</u>
TERM 2	<u>N/A</u>	x	<u>N/A</u>	=	I	<u>N/A</u>
TERM 3	<u>N/A</u>	x	<u>N/A</u>	=	I	<u>N/A</u>
Box G			Box H			

J. Compare the amount of Title IV aid to be returned (Box F) to Box I and enter the lesser amount.

J	<u>\$0.00</u>
- stipend	<u>\$0.00</u>

**STEP 6: Return of Funds by the SCHOOL**

The school must return the unearned aid for which the school is responsible (Box J) by repaying funds to the following sources, in order, up to the total net amount disbursed from each source.

	Amount for School to Return	Award Year		Amount for School to Return	Award Year
1. Unsubsidized FFEL/ Direct Stafford Loan	<u>\$0.00</u>		5. Pell Grant	<u>\$0.00</u>	
2. Subsidized FFEL/Direct Stafford Loan	<u>\$0.00</u>		6. FSEOG	<u>\$0.00</u>	
3. Perkins Loan	<u>\$0.00</u>		7. Other Title IV programs	<u>\$0.00</u>	
4. FFEL/Direct PLUS	<u>\$0.00</u>				

**STEP 7: Initial Amount of Unearned Title IV Aid Due from the STUDENT**

K: Subtract the amount of Title IV aid due from the school (Box J) from the amount of Title IV aid to be returned (Box F)

<u>\$0.00</u>	-	<u>\$0.00</u>	=	K	<u>\$0.00</u>
Box F		Box J			

**Step 8: Return of Funds by the STUDENT**

The student (or parent for a PLUS loan) must return unearned aid for which the student is responsible (Box K) by repaying funds to the following sources, in order, up to the total net amount disbursed from each source, after subtracting the amount the school will return. Amounts to be returned to grants reduced by 50%.

	Amount for Student to return		Amount for Student to return		
1. Unsubsidized FFEL/ Direct Stafford Loan*	<u>\$0.00</u>	5. Pell Grant	<u>\$0.00</u>	x 50%	<u>\$0.00</u>
2. Subsidized FFEL/Direct Stafford Loan *	<u>\$0.00</u>	6. FSEOG	<u>\$0.00</u>	x 50%	<u>\$0.00</u>
3. Perkins Loan*	<u>\$0.00</u>	7. Other Title IV programs	<u>\$0.00</u>		
4. FFEL/Direct PLUS*	<u>\$0.00</u>	(X 50% for grant funds)			

\* Loan amounts are returned in accordance with the terms of the promissory note. No further action is required other than notification to the holder of the loan of the student's withdrawal date.

## Post-Withdrawal Disbursement Tracking Sheet

STUDENTS NAME

SOCIAL SECURITY NUMBER

## Amount of Post-Withdrawal Disbursement

A. Amount from Box E of "Treatment of Title IV Funds When a Student Withdraws" Worksheet

A \$0.00

## Post-withdrawal Disbursement Credited to student's Account

B. Total outstanding charges on student's account

B \$0.00

C. Total amount of post-withdrawal disbursement credited to student's account

\* Amount of post-withdrawal disbursement credited for tuition, fees,  
room and board (if student contracts with the institution)\$0.00\* Amount of post-withdrawal disbursement credited for other  
current charges+ \$0.00\* Amount of post-withdrawal disbursement credited for minor prior  
year charges+ \$0.00

Total Amount Credited to Account C

\$0.00D. Student and/or parent authorization to credit account for other current charges or minor prior year charges  
(if necessary) obtained onE. If a post-withdrawal disbursement of loan funds is credited to account, date of notification to  
student and/or parent

## Post-Withdrawal Disbursement Offered to Student/Parent

F. Total amount of post-withdrawal disbursement (Box A)- amount of post-withdrawal disbursement credited to  
student's account (Box C) = Total amount to offer to student/parentF \$0.00

G. Notification sent to student and/or parent on

H. Response received from student/parent on

Response not received

I. Amount accepted

## Post-withdrawal Disbursement Made From

Pell Grant	<u>\$0.00</u>
FSEOG	<u>\$0.00</u>
Other Title IV programs (grants)	<u>\$0.00</u>

Unsubsidized FFEL/Direct Stafford Loan	<u>\$0.00</u>
Subsidized FFEL/Direct Stafford Loan	<u>\$0.00</u>
Perkins Loan	<u>\$0.00</u>
FFEL/Direct PLUS	<u>\$0.00</u>
Other Title IV programs (loans)	<u>\$0.00</u>



0.00%

BOOKS, SUPP, EQUIP	<u>\$403.00</u>
--------------------	-----------------

BOOKS NOT ISSUED	\$0.00
------------------	--------

UNPAID CHARGES N/A

RETAINABLE FUNDS \$16,465.00

**TOTAL PD TO INST COSTS    \$16,465.00**

REFUND DUE \$0.00

TOTAL OF	AWARD
----------	-------

ALL YEAR

FUNDS OF FUNDS

\$0.00

\$0.00

\$0.00

## OTHER BANKS

\$0.00

\$0.00

\$0.00

\$0.00

**\$0.00**

EQUALS UNEARNED TUITION AND FEES:	\$0.00
-----------------------------------	--------

1572-1573

For more than 100 years, the University of Kentucky has been a leader in the development of the horse industry. The University's commitment to the horse industry is reflected in its many programs, including the Kentucky Horse Center, the Kentucky Horse Museum, and the Kentucky Horse Park. The University's commitment to the horse industry is also reflected in its many publications, including the Kentucky Horse Journal, the Kentucky Horse News, and the Kentucky Horse Review.

the subject is the only author to have published a book on the subject.

[illegible]

As the industry grows, the different roles in the business will become more specialized. The business will be able to provide the variety of the services that other businesses will be offering. There will be more roles that will be created that will be able to do the same thing as the other roles. The business will be able to do the same thing as the other roles.

1.50 PER COPY

1000

[illegible][illegible]



**PROVISIONS OF THIS AGREEMENT**

The applicant (1) agrees to abide by STAR CAREER ACADEMY (hereinafter referred to as SCA) regulations during his/her period of attendance; (2) SCA has the right to cancel/terminate the student's enrollment based on the following circumstances: (1) failure to maintain Satisfactory Academic Progress; and (2) Student Conduct that is detrimental to the student and/or school (Note: These points are discussed in detail within the school's Official School Catalogue); (3) understands that nonpayment of tuition, failing grades, or unsatisfactory conduct may result in immediate dismissal; (4) agrees to make tuition payments as specified in this agreement with the understanding that absence from regularly scheduled class does not relieve him/her of this liability; and (5) agrees that if for any reason he/she cannot continue his/her course of study, he/she will discuss the matter with an official of SCA prior to termination. If a student cancels or withdraws from classes, such notice must be given to the address noted on the reverse side by certified mail. (6) SCA is not extending an offer of employment as a condition for the student applying for and receiving financial aid. (7) The applicant agrees that the financial rights and duties under this agreement may be sold or assigned by SCA to a third party without notice to the applicant at any time; and acknowledges that, upon approval, it may be immediately assigned.

STAR CAREER ACADEMY agrees to: (1) provide its facilities, staff, equipment and expertise to complete training in the course of study; (2) provide consultation services during and after the training period; and (3) assist students and alumni in initial job placement (though PLACEMENT CANNOT BE GUARANTEED). Upon satisfactory completion of the program, STAR CAREER ACADEMY will award a DIPLOMA in recognition of this achievement. A minimum final grade of 70% is required for graduation (see school catalog) and all financial obligations must be settled and meet job search requirements. STAR CAREER ACADEMY reserves the right to revise course outlines, textbooks and/or change instructors, and to make such other changes as the school deems advisable. Changes in tuition, fees and other charges shall require a 60-day advance notice.

**CANCELLATION OF ENROLLMENT**

The application/registration fee is fully refundable if the student requests cancellation within five (5) calendar days after signing the enrollment agreement or application if no classes have been attended. A request for cancellation shall be confirmed in writing by the student within ten (10) calendar days of signing the agreement or application. A student canceling after the fifth calendar day following the date of enrollment, but prior to the beginning of classes, shall be refunded all monies paid except the application/registration fee of \$100.00. An applicant rejected by the school shall be entitled to a refund of all monies paid. Students who have not visited the school facility prior to enrollment will have the opportunity to withdraw without penalty within three (3) days following either attendance at a regularly scheduled orientation or following a tour of the school facility and inspection of equipment.

**RETURN OF TITLE IV**

Students will have their Title IV Federal Funds returned based upon a proportional calculation (return of funds) through the final 60% of the period charged. If a student has completed more than 60% of the period charged, there will not be any funds returned. At this point, the student has earned 100% of his or her Title IV eligibility. Tuition will be charged by period of enrollment rather than payment period for these students. The school will determine the withdrawal date and then determine the percent of the period of enrollment attended by the student. The amount of the Title IV aid earned will be determined by multiplying total aid disbursed or eligible to be disbursed by the percentage of time attended. The amount of Title IV funds earned will then be compared to the amount received or eligible to be received. If the amount earned is greater than or equal to the amount disbursed, no return of funds is due. If the amount earned is less than the amount disbursed, unearned funds will have to be returned to the appropriate Title IV program(s). All unearned funds will be returned within 45 days from the date the school determined the student has withdrawn. Once the appropriate refunds have been made according to the Federal return of funds policy, the institution will then calculate the amount of tuition earned using the appropriate state policy.

**NEW JERSEY REFUND POLICY/CANCELLATION**

All advance payments will be refunded in full if: (1) the applicant is not accepted by the school; or (2) the applicant cancels in writing within three (3) business days after signing by both parties, even if instruction has begun during the three (3) day period. If cancellation occurs beyond the three (3) days after signing of the enrollment agreement but before beginning of classes, the \$100.00 registration fee will be retained. Tuition will be calculated as of the last day of attendance. Students who have not visited the school facility prior to enrollment will have the opportunity to withdraw without penalty within three (3) days following either attendance at a regularly scheduled orientation or following a tour of the school facility and inspection of equipment. After commencement of classes, for programs 300 hours in length but not exceeding 1200 hours, the school may retain the registration fee, student services fee and cost for all books and supplies received by the student plus:

Full-Time Students (24 hours or more per week)  
a) 10% of the total tuition if withdrawal occurs in the first week; b) 20% of the total tuition if withdrawal occurs in the 2nd or 3rd week of the program; c) 45% of the total tuition if withdrawal occurs after the third week but prior to the completion of 25% of the program; d) 70% of the total tuition if withdrawal occurs after 25% of the program but within 50% of the program; e) 100% if withdrawal occurs after completing 50% of the program.

**Part-Time Students (less than 24 hours per week)**

a) 10% of the total tuition if withdrawal occurs within the first 25 hours of scheduled attendance; b) 20% of the total tuition if withdrawal occurs between 26 and 75 hours of scheduled attendance; c) 45% of the total tuition if withdrawal occurs after 75 hours but within 25% of the program; d) 70% of the total tuition if withdrawal occurs after 25% of the program but within 50% of the program; e) 100% if withdrawal occurs after completing 50% of the program.

In special cases, such as the death of the student, which make it impractical to complete the training, the school shall make a settlement which is fair and reasonable to both parties.

**SPECIAL CASES:** Such as the death of the student, which makes it impractical to complete the training, the school shall make a settlement which is fair and reasonable to both parties.

When a student fails to attend school for a significant test, a special letter (Letter of Withdraw) is sent advising the student they are being dropped for the program. Unless the student returns or makes contact with the school immediately, the student will be considered a withdrawal as of the date of the letter.

**PRIORITY OF REFUNDS**

In the event the school has received an excess of funds on the student's account, the school will give priority to refunds as follows:  
1) Unsubsidized Federal Stafford Loan; 2) Subsidized Federal Stafford Loan; 3) Unsubsidized Federal Direct Loan; 4) Subsidized Federal Direct Loan; 5) Federal Plus Loan; 6) Direct Plus Loan; 7) Federal Pell Grant; 8) Other Federal, State, private or institutional sources of aid; 9) the student.

The student will be billed if a balance is due to the school after the refunds have been calculated. Any remaining balances are due and payable in full immediately and are subject to 17.9% interest per month on the unpaid balance, plus attorney's fees and collection costs. Please note: Examples of refund calculations are available in the Financial Aid Office.

**NOTICE OF CANCELLATION**

This agreement shall not be binding until (3) business days have passed from the date of signing this agreement by both parties. If you cancel any property traded in, any payments made by you under the contract or sale, and any negotiable instrument executed by you will be returned within ten business days following receipt by the seller of your cancellation notice; and any security interest arising out of the transaction will be cancelled. To cancel this transaction, mail or deliver a signed and dated copy of this cancellation notice or any other written notice to STAR CAREER ACADEMY, 14 Cross Keys Road, Suite 101A, Berlin, NJ 08009 within 3 business days of the date of this contract.

**NOTICE**

ANY HOLDER OF THIS CONSUMER CREDIT CONTRACT IS SUBJECT TO CLAIMS AND DEFENSES WHICH THE DEBTOR COULD ASSERT AGAINST THE SELLER OF GOODS OR SERVICES OBTAINED PURSUANT HERETO OR WITH THE PROCEEDS HEREOF. RECOVERY HEREUNDER BY THE DEBTOR SHALL NOT EXCEED AMOUNTS PAID BY THE DEBTOR HEREUNDER.

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided that the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance programs; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The Federal agency that administers compliance with the law concerning this creditor is the Federal Trade Commission, Washington, DC 20580.

It is the intention of Maker and Payee to conform strictly to applicable usury laws. Accordingly, if the transactions contemplated hereby would be usurious under applicable law (including the laws of the State of New Jersey and the laws of the United States of America), then, in that event, notwithstanding anything to the contrary in any agreement entered into in connection with, it is agreed as follows: (i) the aggregate of all consideration which constitutes interest under applicable law that is contracted for, charged or received under this note or under any of the other aforesaid agreements or otherwise in connection with this note shall under no circumstances exceed the maximum amount of interest allowed by applicable law, and any excess shall be credited on the note by the holder thereof (or, if this note shall have been paid in full, refunded to the Maker); and (ii) in the event that maturity of this note is accelerated by reason of an election by the holder thereof resulting from any default hereunder or otherwise, or in the event of any required or permitted prepayment, then such consideration that constitutes interest may never include more than the maximum amount allowed by applicable law, and excess interest, if any, provided for in this note or otherwise shall be cancelled automatically as of the date of such acceleration or prepayment and, if theretofore prepaid, shall be credited on this note (or, if this note shall have been paid in full, refunded to the Maker).



STUDENTS NAME

SOCIAL SECURITY NUMBER

DATE FORM COMPLETED

12/21/2010

DATE OF THE DETERMINATION THAT THE STUDENT WITHDREW

12/13/2010

period used for calculation (check one)

payment period

x

period of enrollment

Monetary amounts should be in dollars and cents (rounded to the nearest penny). Round to three decimal places when calculating percentages. For example, .4486 would be .449, or 44.9%.

## Step 1: Student's Title IV Aid Information

	Net Amount Disbursed	Net Amount That Could Have Been Disbursed		Amount Disbursed	Amount that could have been Disbursed	amount of stipend paid to student
1. Unsubsidized FFEL/Direct Stafford Loan	\$4,240.00	\$784.00	5. Pell grant	\$5,450.00	\$1,388.00	\$0.00
2. Subsidized FFEL/Direct Stafford Loan	\$3,484.00	\$1,121.00	6. FSEOG	\$0.00	\$0.00	\$0.00
3. Perkins Loan	\$0.00	\$0.00	7. Other Title IV programs*	\$0.00	\$0.00	\$0.00
4. FFEL/Direct PLUS	\$0.00	\$0.00	* Do not include FWS	\$0.00	\$0.00	\$0.00

A. Total Title IV aid disbursed (NOT aid that could have been disbursed) for the payment period or period of enrollment

A \$13,174.00

B. Total of Title IV aid disbursed plus the Title IV aid that could have been disbursed for the payment period or period of enrollment

B \$16,467.00

## Step 2: Percentage of Title IV Earned

C. \* If school is not required to take attendance and student withdrew notification, enter 50% in Box C and proceed to Step 3 OR school may enter a last date of attendance at an academically-related activity for "withdrawal date" and proceed from there.

\* Withdrawal date

9/29/2010

PAYMENT PERIOD 1

4/5/2010

TO

1/6/2011

Total number of calendar days entire program

267

Total Number of calendar day attempted

178

Total number of calendar days in payment period 1

267

Total number of calendar days in payment period 2

N/A

Total number of calendar days in payment period 3

N/A

\* Percentage of payment period or period of enrollment

Determine the calendar days completed in the payment period or period of enrollment divided by the total calendar days in the payment period or period of enrollment (exclude schedule breaks of 5 days or more AND days that the student was on approved leaves of absence).

178	267
N/A	N/A
N/A	N/A

= 66.7% OF TERM 1

C 100.0%

= N/A OF TERM 2

C N/A

= N/A OF TERM 3

C N/A

If this amount is less than or equal to 60%, enter the amount in Box C. If this amount is greater than 60% (with or without rounding), enter 100% in Box C.

## STEP 3: Amount of Title IV Aid Earned by the student

D. Percentage of Title IV aid earned (Box C) x the total of Title IV aid disbursed plus the Title IV aid that could have been disbursed for the payment period or period of enrollment (Box B)

TERM 1

100.0%

x

\$16,467.00

=

D

\$16,467.00

TERM 2

N/A

x

N/A

=

D

N/A

TERM 3

N/A

x

N/A

=

D

N/A

Box C

Box B

## Step 4: Total Title IV Aid to be Disbursed or Returned

If the amount in Box D is greater than the amount in Box A, go to item E. If the amount in Box A is greater than the amount in Box D, go to item F. If the amounts in Boxes A and D are equal, STOP. no further action is necessary.

Post-withdrawal disbursement.

Subtract Title IV aid disbursed for the payment period or period of enrollment (Box A)

from the amount of Title IV aid earned (Box D). This is the amount of the post-withdrawal disbursement due. Stop here

and go to the post-withdrawal disbursement tracking sheet.

\$16,467.00

Box D

-

\$13,174.00

Box A

=

E

\$3,293.00



F: Title IV aid to be returned.

Subtract the amount of Title IV aid earned (Box D) from Title IV aid disbursed for the

payment period or period of enrollment (Box A). This is the amount of Title IV aid that must be returned.

\$13,174.00	-	\$16,467.00	=	F	\$0.00
Box A		Box D		stipend	\$0.00

STEP 5: Amount of Unearned Title IV Aid Due from the SCHOOL

G. Institutional charges for the payment period or period of enrollment

Tuition	\$15,637.00	Other Fees	\$425.00	Other	\$0.00
Registration Fee	\$0.00	Books	\$311.00	Other	\$92.00
Total Institutional Charges					G \$16,465.00

H. Percentage of Title IV aid unearned (100%-Box C)

TERM 1	H	0.0%
TERM 2	H	N/A
TERM 3	H	N/A

I. Multiply institutional charges for the payment period or period of enrollment (Box G) times the percentage of Title IV aid unearned (Box H).

TERM 1	\$16,465.00	x	0.0%	=	I	\$0.00
TERM 2	N/A	x	N/A	=	I	N/A
TERM 3	N/A	x	N/A	=	I	N/A
Box G		Box H				

J. Compare the amount of Title IV aid to be returned (Box F) to Box I and enter the lesser amount.

J	\$0.00
- stipend	\$0.00

STEP 6: Return of Funds by the SCHOOL

The school must return the unearned aid for which the school is responsible (Box J) by repaying funds to the following sources, in order, up to the total net amount disbursed from each source.

	Amount for School to Return	Award Year		Amount for School to Return	Award Year
1. Unsubsidized FFEL/ Direct Stafford Loan	\$0.00		5. Pell Grant	\$0.00	
2. Subsidized FFEL/Direct Stafford Loan	\$0.00		6. FSEOG	\$0.00	
3. Perkins Loan	\$0.00		7. Other Title IV programs	\$0.00	
4. FFEL/Direct PLUS	\$0.00				

STEP 7: Initial Amount of Unearned Title IV Aid Due from the STUDENT

K: Subtract the amount of Title IV aid due from the school (Box J) from the amount of Title IV aid to be returned (Box F)

\$0.00	-	\$0.00	=	K	\$0.00
Box F		Box J			

Step 8: Return of Funds by the STUDENT

The student (or parent for a PLUS loan) must return unearned aid for which the student is responsible (Box K) by repaying funds to the following sources, in order, up to the total net amount disbursed from each source, after subtracting the amount the school will return. Amounts to be returned to grants reduced by 50%.

	Amount for Student to return		Amount for Student to return		
1. Unsubsidized FFEL/ Direct Stafford Loan*	\$0.00	5. Pell Grant	\$0.00	x 50%	\$0.00
2. Subsidized FFEL/Direct Stafford Loan *	\$0.00	6. FSEOG	\$0.00	x 50%	\$0.00
3. Perkins Loan*	\$0.00	7. Other Title IV programs	\$0.00		
4. FFEL/Direct PLUS*	\$0.00	(X 50% for grant funds)			

When amounts are returned in accordance with the terms of the promissory note. No further action is required other than notification to the holder of the loan of the student's withdrawal date.

## Post-Withdrawal Disbursement Tracking Sheet

STUDENTS NAME

SOCIAL SECURITY NUMBER

## Amount of Post-Withdrawal Disbursement

A. Amount from Box E of "Treatment of Title IV Funds When a Student Withdraws" Worksheet

A \$3,293.00

NOTE: STUDENT DID NOT REACH 3RD MID POINT

## Post-withdrawal Disbursement Credited to student's Account

B. Total outstanding charges on student's account

B \$0.00

C. Total amount of post-withdrawal disbursement credited to student's account

\* Amount of post-withdrawal disbursement credited for tuition, fees,  
room and board (if student contracts with the institution)\$0.00\* Amount of post-withdrawal disbursement credited for other  
current charges+ \$0.00\* Amount of post-withdrawal disbursement credited for minor prior  
year charges+ \$0.00

Total Amount Credited to Account C

\$0.00D. Student and/or parent authorization to credit account for other current charges or minor prior year charges  
(if necessary) obtained onE. If a post-withdrawal disbursement of loan funds is credited to account, date of notification to  
student and/or parent

## Post-Withdrawal Disbursement Offered to Student/Parent

F. Total amount of post-withdrawal disbursement (Box A)- amount of post-withdrawal disbursement credited to  
student's account (Box C) = Total amount to offer to student/parentF \$0.00

G. Notification sent to student and/or parent on

H. Response received from student/parent on

Response not received

I. Amount accepted

## Post-withdrawal Disbursement Made From

Pell Grant	<u>\$0.00</u>
FSEOG	<u>\$0.00</u>
Other Title IV programs (grants)	<u>\$0.00</u>

Unsubsidized FFEL/ Direct Stafford Loan	<u>\$0.00</u>
Subsidized FFEL/Direct Stafford Loan	<u>\$0.00</u>
Perkins Loan	<u>\$0.00</u>
FFEL/Direct PLUS	<u>\$0.00</u>
Other Title IV programs (loans)	<u>\$0.00</u>



EGG HARBOR

TUITION ONLY \$15,637.00

DATE: 12/13/2010  
 STUDENT NAME: [REDACTED]  
 SOCIAL SECURITY NUMBER: [REDACTED]  
 PROGRAM: DT-D  
 START DATE: 4/5/2010  
 NUMBER OF WEEKS IN PROGRAM: 37.5  
 NUMBER OF HOURS IN WEEK: 24

TOTAL # OF CLOCK HOURS FOR CLASS: 900  
 DATE OF COS: 12/13/2010  
 LAST DAY ATTENDED: 9/29/2010  
 HOURS PRESENT: N/A  
 HOURS SCHEDULED: 600

X % TO BE RETAINED 0.00%  
 X % TO BE RETAINED 0.00%  
 X % TO BE RETAINED 0.00%  
 X % TO BE RETAINED 100.00%  
 = TUITION TO RETAIN \$15,637.00  
 + REGISTRATION FEE \$0.00  
 + OTHER FEES \$425.00  
 + BOOKS, SUPP, EQUIP \$403.00  
 - BOOKS NOT ISSUED \$0.00  
 - UNPAID CHARGES N/A  
 = RETAINABLE FUNDS \$16,465.00  
 TOTAL PD TO INST COSTS \$13,174.00  
 - RETAINABLE FUNDS \$16,465.00  
 = REFUND DUE (\$3,291.00)

TOTAL TUITION ONLY \$15,637.00  
 REGISTRATION FEE + \$0.00  
 OTHER FEES + \$425.00  
 BOOKS, SUPPLIES, EQUIPMENT + \$403.00  
 TOTAL INSTITUTIONAL COSTS = \$16,465.00  
 TOTAL AID PAID TO PELL - \$5,450.00  
 INSTITUTIONAL COSTS STAFFORD SUB. - \$3,484.00  
 STAFFORD UNSUB. - \$4,240.00  
 SEOG \$0.00  
 SEOG SCHOOL MATCH - \$0.00  
 STUDENT SCHEDULED CASH PAYMENTS = \$3,291.00  
 STUDENT CASH PD TO EDUC. EXPENSES - \$0.00  
 UNPAID CHARGES = \$3,291.00

\* DO NOT INCLUDE UNEARNED FUNDS IN THIS FIGURE

AMOUNT OF UNEARNED FUNDS PELL \$0.00  
 AMOUNT OF UNEARNED FUNDS STAFFORD \$0.00  
 AMOUNT OF UNEARNED FUNDS UNSUB \$0.00  
 AMOUNT OF UNEARNED FUNDS PLUS \$0.00  
 AMOUNT OF UNEARNED FUNDS SEOG \$0.00

\* IF REFUND DUE IS A NEGATIVE NUMBER-  
 SEND REFUND CALCULATION, FINANCE CARD  
 & CHANGE OF STATUS TO CORPORATE

	EARNED FUNDS	UNEARNED FUNDS	TOTAL OF ALL FUNDS	AWARD YEAR OF FUNDS
UNSUB	\$0.00	\$0.00	\$0.00	
STAFFORD	\$0.00	\$0.00	\$0.00	
PLUS	\$0.00	\$0.00	\$0.00	
PELL	\$0.00	\$0.00	\$0.00	
SEOG	\$0.00	\$0.00	\$0.00	
OTHER	\$0.00	\$0.00	\$0.00	
TOTAL	\$0.00	\$0.00	\$0.00	

NAME OF BANK TO REFUND  
 SUB/UNSUB/PLUS  
 OTHER BANKS

TOTAL TUITION AND FEES: \$16,465.00  
 LESS TOTAL EDUC. CHARGES: \$16,465.00  
 EQUALS UNEARNED TUITION AND FEES: \$0.00

## PROGRESS REPORT

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

START DATE: 4/5/2010BEGINNING MODULE: 1CURRICULUM: DIALYSIS TECHNICIAN  
40 CREDITS 900 CLOCK HOURS

	CREDITS	CLOCK HOURS	MODULE GRADE	DATE RECEIVED	CUM. G.P.A.	STUDENT VERIFIED
<b>MODULE I</b>						
DIA901 - Introduction to Dialysis and Renal Disease	7.00	120	<u>93</u>	<u>5/6/2010</u>	<u>93</u>	<u>TLS</u>
<b>MODULE II</b>						
DIA902 - Patient Care and Clinical Fundamentals	6.00	120	<u>95</u>	<u>6/14/2010</u>	<u>94</u>	<u>TLS</u>
<b>MODULE III</b>						
DIA903 - Psycho-Social Aspects, Nutrition and Pharmacology	7.70	120	<u>97</u>	<u>7/20/2010</u>	<u>96</u>	<u>TLS</u>
<b>MODULE IV</b>						
DIA904 - Hemodialysis Technology I	8.00	120	_____	<u>8/24/2010</u>	_____	_____
<b>MODULE V</b>						
DIA905 - Hemodialysis Technology II	4.70	120	_____	<u>9/29/2010</u>	_____	_____
<b>MODULE VI</b>						
DIA-EXT - Externship I	2.67	120	_____	_____	_____	_____
DIA-EXT - Externship II	2.00	90	_____	_____	_____	_____
DIA-EXT - Externship III	2.00	90	_____	_____	_____	_____

Final Cumulative Grade: \_\_\_\_\_

Date: \_\_\_\_\_

Instructor Signature: \_\_\_\_\_

Date: \_\_\_\_\_



**STAR CAREER ACADEMY**  
NEW JERSEY ENROLLMENT AGREEMENT

NAME [REDACTED] PROGRAM Dichysis Technician TOT. HRS. 900 TOT. CR. 40  
START DATE 4-8-10 LAST DATE IN CLASS 9-29-10 ESTIMATED GRAD DATE 5-20-11  
RS. CLASSROOM 600 # HRS. EXTERN 300 # HRS. PER WEEK 24  
TOTAL WEEKS IN PROGRAM 37.5 DAILY SCHEDULE M-Tu 8-2 10

## WHICH LOCATION:

- ☐ Brick, 150 Brick Boulevard, Brick, NJ 08723  
Phone: (732) 901-9710 • Fax: (732) 901-0824  
Branch Location of Star Career Academy of New York, Ph: (212) 675-6655
- ☒ Egg Harbor, 3003 English Creek Ave., Unit 212, Egg Harbor Township, NJ 08234  
Phone: (609) 407-2999 • Fax: (609) 646-9472  
Branch Location of Star Career Academy of New York, Ph: (212) 675-6655
- ☐ Clifton, 1231 Main Avenue, Clifton, NJ 07011  
Ph: (973) 928-1700 • Fax: (973) 928-1701  
Satellite Location of Star Career Academy-Newark, NJ, Ph: (973) 639-0789
- ☐ Newark, 550 Broad St. Third Floor, Newark, NJ 07102  
Ph: (973) 639-0789 • Fax: (973) 639-0795  
Branch Location of Star Career Academy of Long Island, Ph: (516) 364-4344
- ☐ Other: \_\_\_\_\_

NOTE: THE ACTUAL GRADUATION DATE IS BASED UPON SATISFACTORY COMPLETION OF EXTERNSHIP, IF APPLICABLE, AS DEFINED IN THE SCHOOL CATALOG. EXTERNSHIPS OFTEN REQUIRE DAYTIME PARTICIPATION. STAR CAREER ACADEMY'S CREDITS ARE NOT GUARANTEED TRANSFERABLE TO OTHER COLLEGES.

In consideration of STAR CAREER ACADEMY providing the course of instruction described above, and subject to the provisions noted in this agreement, I promise to pay STAR CAREER ACADEMY a total of \$ 10,465. This includes the following:

\$ 15,630 Payment Period 1 \$ \_\_\_\_\_ Payment Period 2 \$ \_\_\_\_\_ Payment Period 3 \$ \_\_\_\_\_ Payment Period 4 \$ \_\_\_\_\_  
\$ \_\_\_\_\_ Registration/Application Fee  
\$ 425 Student Service Fees  
\$ 311 Books  
\$ 92 Supplies/Equipment

I HAVE READ THIS AGREEMENT FULLY, AND UNDERSTAND ITS CONTENTS CLEARLY. I AGREE THAT THIS AGREEMENT AND ANY ADDENDA ATTACHED HERETO CONTAINS THE COMPLETE UNDERSTANDING BETWEEN STAR CAREER ACADEMY AND MYSELF, AND IS NOT TO BE VARIED BY ANY VERBAL AGREEMENTS. I CERTIFY THAT I HAVE RECEIVED A COPY OF THIS AGREEMENT, AND I UNDERSTAND THAT THIS AGREEMENT IS NOT BINDING UNTIL 3 BUSINESS DAYS AFTER SIGNING BY BOTH PARTIES.

Accepted and Approved by: [Signature]Date: 3-9-10

I acknowledge that I have been given a written confirmation of my acceptance for enrollment. I certify that I have been given and read a copy of the school catalog.

Applicant Signature: [Signature]SS# [REDACTED]Date: 3-9-10Address: [REDACTED]City: [REDACTED]State: [REDACTED]Zip: [REDACTED]Phone: [REDACTED]

Parent or Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## RETAIL INSTALLMENT CONTRACT/CONSUMER NOTE

I agree the enrollment agreement attached here in constitutes the entire offer I am entitled to receive from STAR CAREER ACADEMY. For this, I promise to pay STAR CAREER ACADEMY the amount listed as CASH PRICE under the ITEMIZATION OF AMOUNT FINANCED. I understand that the estimated Student Loans and the Pell Grant listed below are based upon my having provided true and accurate information on my Federal Application for Financial Aid and that these awards are subject to change based upon changes in the federal regulations of the family income. Students approved for private financing by the school must complete the RETAIL INSTALLMENT CONTRACT. If student fails to pay any balance when due, the entire unpaid balance plus attorney's fees and collection costs shall, at STAR CAREER ACADEMY'S election, become immediately due and payable. This transaction is unsecured and I understand that a registration fee has been added to the tuition charges. You have the right to pay the unpaid balance at any time and there is no penalty for early payment and will be entitled to a partial refund of the finance charge as per Rule 78.

This order is subject to acceptance by the corporate headquarters of STAR CAREER ACADEMY, 175 Cross Keys Road, Suite 101A, Berlin, NJ 08009. This contract constitutes the full agreement between Buyer and Seller and no verbal changes shall be valid. The reverse side of this agreement contains other terms and conditions. It is specifically understood that any provision of this contract which may be contrary to state law shall not void this entire agreement. In the event I institute any lawsuits against STAR CAREER ACADEMY and lose that suit, I agree to pay STAR CAREER ACADEMY the attorney's fees and costs it incurs in defending that action. The administration of this school is able to address all student matters. In the event a student requires further assistance, student can contact the corporate headquarters at the address above.

## RETAIL INSTALLMENT

PROMISE TO PAY: To repay my contract, I promise to pay the number of payments below and \_\_\_\_\_ of monthly installments starting on the due date shown below at your address, or if it's assigned, then only to the address of any "Holder of this Contract" to whom it may be assigned, and understand that the contract may be assigned to a third party for collection or sale. This contract is subject to the terms and condition contained herein and any provisions and conditions in any agreement between buyer and seller.

CREDIT HISTORY AND USE OF ACCOUNT INFORMATION: I give the right to investigate my credit reporting capacity and credit history and to furnish information concerning myself and this contract to credit agencies and to all others who may lawfully receive such information for their own lawful use.

## ITEMIZATION OF AMOUNT FINANCED

A. Cash Price ..... \$ 10,465  
B. Less Down Payment ..... \$ 1  
C. Less PELL Grant - AY 09/10 ..... \$ 1  
D. Less PELL Grant - AY 10/11 ..... \$ 2035  
E. Less PELL Grant - AY ..... \$ 1  
F. Less Student Loan (Sub) ..... \$ 1  
G. Less Student Loan (Sub) Soph ..... \$ 1

In consideration of STAR CAREER ACADEMY providing the course of instruction described above, and subject to the provisions noted in this agreement, I promise to pay STAR CAREER ACADEMY a total of \$ 15,465. This includes the following:

\$ 15,465 Payment Period 1 \$ \_\_\_\_\_ Payment Period 2 \$ \_\_\_\_\_ Payment Period 3 \$ \_\_\_\_\_ Payment Period 4 \$ \_\_\_\_\_  
 \$ \_\_\_\_\_ Registration/Application Fee  
 \$ 425 Student Service Fees  
 \$ 311 Books  
 \$ 92 Supplies/Equipment

I HAVE READ THIS AGREEMENT FULLY, AND UNDERSTAND ITS CONTENTS CLEARLY. I AGREE THAT THIS AGREEMENT AND ANY ADDENDA ATTACHED HERETO CONTAINS THE COMPLETE UNDERSTANDING BETWEEN STAR CAREER ACADEMY AND MYSELF, AND IS NOT TO BE VARIED BY ANY VERBAL AGREEMENTS. I CERTIFY THAT I HAVE RECEIVED A COPY OF THIS AGREEMENT, AND I UNDERSTAND THAT THIS AGREEMENT IS NOT BINDING UNTIL 3 BUSINESS DAYS AFTER SIGNING BY BOTH PARTIES.

Accepted and Approved by: \_\_\_\_\_ Date: 3-9-11  
 I acknowledge that I have been given a written confirmation of my acceptance for enrollment. I certify that I have been given and read a copy of the school catalog.

Applicant Signature: \_\_\_\_\_ SS# \_\_\_\_\_ Date: 3-9-11

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### RETAIL INSTALLMENT CONTRACT/CONSUMER NOTE

I agree the enrollment agreement attached here in constitutes the entire offer I am entitled to receive from STAR CAREER ACADEMY. For this, I promise to pay STAR CAREER ACADEMY the amount listed as CASH PRICE under the ITEMIZATION OF AMOUNT FINANCED. I understand that the estimated Student Loans and the Pell Grant listed below are based upon my having provided true and accurate information on my Federal Application for Financial Aid and that these awards are subject to change based upon changes in the federal regulations of the family income. Students approved for private financing by the school must complete the RETAIL INSTALLMENT CONTRACT. If student fails to pay any balance when due, the entire unpaid balance plus attorney's fees and collection costs shall, at STAR CAREER ACADEMY'S election, become immediately due and payable. This transaction is unsecured and I understand that a registration fee has been added to the tuition charges. You have the right to pay the unpaid balance at any time and there is no penalty for early payment and will be entitled to a partial refund of the finance charge as per Rule 78.

This order is subject to acceptance by the corporate headquarters of STAR CAREER ACADEMY, 175 Cross Keys Road, Suite 101A, Berlin, NJ 08009. This contract constitutes the full agreement between Buyer and Seller and no verbal changes shall be valid. The reverse side of this agreement contains other terms and conditions. It is specifically understood that any provision of this contract which may be contrary to state law shall not void this entire agreement. In the event I institute any lawsuits against STAR CAREER ACADEMY and lose that suit, I agree to pay STAR CAREER ACADEMY the attorney's fees and costs it incurs in defending that action. The administration of this school is able to address all student matters. In the event a student requires further assistance, student can contact the corporate headquarters at the address above.

#### RETAIL INSTALLMENT

PROMISE TO PAY: To repay my contract, I promise to pay the number of payments below and amount of monthly installments starting on the due date shown below at your address, or if it's assigned, then only to the address of any "Holder of this Contract" to whom it may be assigned, and understand that the contract may be assigned to a third party for collection or sale. This contract is subject to the terms and condition contained herein and any provisions and conditions in any agreement between buyer and seller.

CREDIT HISTORY AND USE OF ACCOUNT INFORMATION: I give the right to investigate my credit reporting capacity and credit history and to furnish information concerning myself and this contract to credit agencies and to all others who may lawfully receive such information for their own lawful use.

GUARANTEE: Anyone signing this contract as co-borrower will be responsible for all amount due if the Buyer defaults on the terms of this contract.

#### PRIVATE PAYMENT PLAN:

Balance Due/Amount Financed: \$ \_\_\_\_\_ Down Payment: \$ \_\_\_\_\_

Down Payment Due Date: \_\_\_\_\_

Date of first Payment: \_\_\_\_\_

Total of all payments is equal to amount financed.

Note: There is no interest charged for financing of private payments.

Itemization of amount financed:

Number of Payments \_\_\_\_\_ Amount of Payments \_\_\_\_\_ One Final Payment \_\_\_\_\_

#### ITEMIZATION OF AMOUNT FINANCED

A. Cash Price .....	\$	<u>15,465</u>
B. Less Down Payment .....	\$	<u>1</u>
C. Less PELL Grant - AY <u>09/10</u> .....	\$	<u>1</u>
D. Less PELL Grant - AY <u>10/11</u> .....	\$	<u>2025</u>
E. Less PELL Grant - AY .....	\$	<u>1</u>
F. Less Student Loan (Sub) .....	\$	<u>1</u>
G. Less Student Loan (Sub) Soph .....	\$	<u>1</u>
H. Less Student Loan (Unsub/Plus) .....	\$	<u>1</u>
I. Less Student Loan (Unsub/Plus) Soph .....	\$	<u>1</u>
J. Less Outside Agency .....	\$	<u>4828</u>
K. Less (Other) <u>Scholarship</u> .....	\$	<u>9612</u>
Balance Due.....	\$	<u>0</u>

\* Complete RETAIL INSTALLMENT section of balance is due.

I acknowledge that the itemization of amount financed and any private payment plan has been explained to me.

\_\_\_\_\_  
 Student Signature

\_\_\_\_\_  
 Co-Borrower Signature

SEE REVERSE SIDE FOR ADDITIONAL INFORMATION CONCERNING REFUND POLICY AND OTHER IMPORTANT PROVISIONS.

WHITE - Student File

CANARY - Accounting

PINK - Financial Aid

GOLD - Student Copy

NOTICE: See reverse side for additional terms of contract.



# Atlantic Cape May One Stop Career Center

Case 2:11-cv-03160-PJ Document 1-1 Filed 05/13/11 Page 28 of 78

2 South Main Street, Suite 3 - Pleasantville, NJ 08232 - (609) 485-0052 - Fax (609) 485-0067

CONTRACT NUMBER: 5775CM

Vendor Name: Star Career Academy

Course Name: Dialysis Technician

Start - End Dates: 4/2/2010 to 9/29/2010(LDIC) 5/23/2011(RGD)

Employment Specialist: Margaret Hemlock

Participant: [REDACTED]

Participant's Home Address: [REDACTED]

DAY	DATE	Time In	Time Out	# of Hrs.
MONDAY	9/27	8	2	6
TUESDAY	9/28	8	2	6
WEDNESDAY	9/29	8	2	6
THURSDAY	9/30			
FRIDAY	NO CLASS			
MONDAY	10/4			
TUESDAY	10/5			
WEDNESDAY	10/6			
THURSDAY	10/7			
FRIDAY	NO CLASS			

TOTAL HOURS: 18

OTHER COMMENTS:

Last day in class 9-29-2010

Student will continue on to 300 hours externship

I CERTIFY THAT THE ABOVE ENTRIES COMPLETELY & ACCURATELY REFLECT DATES & HOURS FOR THE PERIOD ABOVE.

Vendor Signature [Signature]

Participant Signature [REDACTED]

TOTAL NUMBER OF HOURS  
MUST NOT INCLUDE LUNCH  
OR BREAKS OF ANY KIND

Fax this completed form to: (609) 485-0067

**STAR CAREER ACADEMY**  
**NEW JERSEY ENROLLMENT AGREEMENT**

NAME \_\_\_\_\_ PROGRAM \_\_\_\_\_ TOT. HRS. \_\_\_\_\_ TOT. CR. \_\_\_\_\_  
 START DATE \_\_\_\_\_ LAST DATE IN CLASS \_\_\_\_\_ ESTIMATED GRAD DATE \_\_\_\_\_  
 # HRS. CLASSROOM \_\_\_\_\_ # HRS. EXTERN \_\_\_\_\_ # HRS. PER WEEK \_\_\_\_\_

TOTAL WEEKS IN PROGRAM \_\_\_\_\_ DAILY SCHEDULE \_\_\_\_\_

**WHICH LOCATION:**

- ☐ Brick, 150 Brick Boulevard, Brick, NJ 08723  
 Phone: (732) 901-9710 • Fax: (732) 901-0824  
 Branch Location of Star Career Academy of New York, Ph: (212) 675-6655
- ☐ Egg Harbor, 3003 English Creek Ave., Unit 212, Egg Harbor Township, NJ 08234  
 Phone: (609) 407-2999 • Fax: (609) 646-9472  
 Branch Location of Star Career Academy of New York, Ph: (212) 675-6655
- ☐ Clifton, 1231 Main Avenue, Clifton, NJ 07011  
 Ph: (973) 928-1700 • Fax: (973) 928-1701  
 Satellite Location of Star Career Academy-Newark, NJ, Ph: (973) 639-0789
- ☐ Newark, 550 Broad St. Third Floor, Newark, NJ 07102  
 Ph: (973) 639-0789 • Fax: (973) 639-0795  
 Branch Location of Star Career Academy of Long Island, Ph: (516) 364-4344
- ☐ Other: \_\_\_\_\_

NOTE: THE ACTUAL GRADUATION DATE IS BASED UPON SATISFACTORY COMPLETION OF EXTERNSHIP, IF APPLICABLE, AS DEFINED IN THE SCHOOL CATALOG. EXTERNSHIPS OFTEN REQUIRE DAYTIME PARTICIPATION. STAR CAREER ACADEMY'S CREDITS ARE NOT GUARANTEED TRANSFERABLE TO OTHER COLLEGES.

In consideration of STAR CAREER ACADEMY providing the course of instruction described above, and subject to the provisions noted in this agreement, I promise to pay STAR CAREER ACADEMY a total of \$ \_\_\_\_\_. This includes the following:

\$ \_\_\_\_\_ Payment Period 1 \$ \_\_\_\_\_ Payment Period 2 \$ \_\_\_\_\_ Payment Period 3 \$ \_\_\_\_\_ Payment Period 4  
 \$ \_\_\_\_\_ Registration/Application Fee  
 \$ \_\_\_\_\_ Student Service Fees  
 \$ \_\_\_\_\_ Books  
 \$ \_\_\_\_\_ Supplies/Equipment

I HAVE READ THIS AGREEMENT FULLY, AND UNDERSTAND ITS CONTENTS CLEARLY. I AGREE THAT THIS AGREEMENT AND ANY ADDENDA ATTACHED HERETO CONTAINS THE COMPLETE UNDERSTANDING BETWEEN STAR CAREER ACADEMY AND MYSELF, AND IS NOT TO BE VARIED BY ANY VERBAL AGREEMENTS. I CERTIFY THAT I HAVE RECEIVED A COPY OF THIS AGREEMENT, AND I UNDERSTAND THAT THIS AGREEMENT IS NOT BINDING UNTIL 3 BUSINESS DAYS AFTER SIGNING BY BOTH PARTIES.

Accepted and Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
 I acknowledge that I have been given a written confirmation of my acceptance for enrollment. I certify that I have been given and read a copy of the school catalog.

Applicant Signature: \_\_\_\_\_ SS# \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**RETAIL INSTALLMENT CONTRACT/CONSUMER NOTE**

I agree the enrollment agreement attached here in constitutes the entire offer I am entitled to receive from STAR CAREER ACADEMY. For this, I promise to pay STAR CAREER ACADEMY the amount listed as CASH PRICE under the ITEMIZATION OF AMOUNT FINANCED. I understand that the estimated Student Loans and the Pell Grant listed below are based upon my having provided true and accurate information on my Federal Application for Financial Aid and that these awards are subject to change based upon changes in the federal regulations of the family income. Students approved for private financing by the school must complete the RETAIL INSTALLMENT CONTRACT. If student fails to pay any balance when due, the entire unpaid balance plus attorney's fees and collection costs shall, at STAR CAREER ACADEMY'S election, become immediately due and payable. This transaction is unsecured and I understand that a registration fee has been added to the tuition charges. You have the right to pay the unpaid balance at any time and there is no penalty for early payment and will be entitled to a partial refund of the finance charge as per Rule 78.

This order is subject to acceptance by the corporate headquarters of STAR CAREER ACADEMY, 175 Cross Keys Road, Suite 105, Berlin, NJ 08009. This contract constitutes the full agreement between Buyer and Seller and no verbal changes shall be valid. The reverse side of this agreement contains other terms and conditions. It is specifically understood that any provision of this contract which may be contrary to state law shall not void this entire agreement. In the event I institute any lawsuits against STAR CAREER ACADEMY and lose that suit, I agree to pay STAR CAREER ACADEMY the attorney's fees and costs it incurs in defending that action. The administration of this school is able to address all student matters. In the event a student requires further assistance, student can contact the corporate headquarters at the address above.



# RETAIL INSTALLMENT

**PROMISE TO PAY:** To repay my contract, I promise to pay the number of payments below and \$ \_\_\_\_\_ of monthly installments starting on the due date shown below at your address, or if it's assigned, then only to the address of any "Holder of this Contract" to whom it may be assigned, and understand that the contract may be assigned to a third party for collection or sale. This contract is subject to the terms and condition contained herein and any provisions and conditions in any agreement between buyer and seller.

**CREDIT HISTORY AND USE OF ACCOUNT INFORMATION:** I give the right to investigate my credit reporting capacity and credit history and to furnish information concerning myself and this contract to credit agencies and to all others who may lawfully receive such information for their own lawful use.

**GUARANTEE:** Anyone signing this contract as co-borrower will be responsible for all amount due if the Buyer defaults on the terms of this contract.

## PRIVATE PAYMENT PLAN:

Balance Due/Amount Financed: \$ \_\_\_\_\_ Down Payment: \$ \_\_\_\_\_

Down Payment Due Date: \_\_\_\_\_

Date of first Payment: \_\_\_\_\_

Total of all payments is equal to amount financed.

Note: There is no interest charged for financing of private payments.

Itemization of amount financed:

Number of Payments	Amount of Payments	One Final Payment
<input type="text"/>	<input type="text"/>	<input type="text"/>

## ITEMIZATION OF AMOUNT FINANCED

A. Cash Price	\$ _____
B. Less Down Payment	\$ _____
C. Less PELL Grant - AY	\$ _____
D. Less PELL Grant - AY	\$ _____
E. Less PELL Grant - AY	\$ _____
F. Less Student Loan (Sub)	\$ _____
G. Less Student Loan (Sub) Soph	\$ _____
H. Less Student Loan (Unsub/Plus)	\$ _____
I. Less Student Loan (Unsub/Plus) Soph	\$ _____
J. Less Outside Agency	\$ _____
K. Less (Other)	\$ _____
Balance Due	\$ _____

\* Complete RETAIL INSTALLMENT section of balance is due.

I acknowledge that the itemization of amount financed and any private payment plan has been explained to me.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Co-Borrower Signature

SEE REVERSE SIDE FOR ADDITIONAL INFORMATION CONCERNING REFUND POLICY AND OTHER IMPORTANT PROVISIONS.

WHITE - Student File

CANARY - Accounting

PINK - Financial Aid

GOLD - Student Copy

Reverse side for additional terms of contract.

**PROVISIONS OF THIS AGREEMENT**

The applicant (1) agrees to abide by STAR CAREER ACADEMY (hereinafter referred to as SCA) regulations during his/her period of attendance; \*SCA has the right to cancel/terminate the student's enrollment based on the following circumstances: 1) failure to maintain Satisfactory Academic Progress; and 2) Student Conduct that is detrimental to the student and/or school (Note: These points are discussed in detail within the school's Official School Catalogue). (2) understands that nonpayment of tuition, failing grades, or unsatisfactory conduct, may result in immediate dismissal; (3) agrees to make tuition payments as specified in this agreement with the understanding that absence from regularly scheduled class does not relieve him/her of this liability; and (4) agrees that if for any reason he/she cannot continue his/her course of study, he/she will discuss the matter with an official of SCA prior to termination. If a student cancels or withdraws from classes, such notice must be given to the address noted on the reverse side by certified mail. (5) SCA is not extending an offer of employment as a condition for the student applying for and receiving financial aid. (6) The applicant agrees that the financial, rights and duties under this agreement may be sold or assigned by SCA to a third party without notice to the applicant at any time, and acknowledges that, upon approval, it may be immediately assigned.

STAR CAREER ACADEMY agrees to: (1) provide its facilities, staff, equipment and expertise to complete training in the course of study; (2) provide consultation services during and after the training period, and (3) assist students and alumni in initial job placement (though PLACEMENT CANNOT BE GUARANTEED). Upon satisfactory completion of the program, STAR CAREER ACADEMY will award a DIPLOMA in recognition of this achievement. A minimum final grade of 70% is required for graduation (see school catalog) and all financial obligations must be settled and meet job search requirements. STAR CAREER ACADEMY reserves the right to revise course outlines, textbooks and/or change instructors; and to make such other changes as the school deems advisable. Changes in tuition, fees and other charges shall require a 60-day advance notice.

**CANCELLATION OF ENROLLMENT**

The application/registration fee is fully refundable if the student requests cancellation within five (5) calendar days after signing the enrollment agreement or application if no classes have been attended. A request for cancellation shall be confirmed in writing by the student within ten (10) calendar days of signing the agreement or application. A student canceling after the fifth calendar day following the date of enrollment, but prior to the beginning of classes, shall be refunded all monies paid except the application/registration fee of \$100.00. An applicant rejected by the school shall be entitled to a refund of all monies paid. Students who have not visited the school facility prior to enrollment will have the opportunity to withdraw without penalty within three (3) days following either attendance at a regularly scheduled orientation or following a tour of the school facility and inspection of equipment.

**RETURN OF TITLE IV**

Students will have their Title IV Federal Funds returned based upon a proportional calculation (return of funds) through the final 60% of the period charged. If a student has completed more than 60% of the period charged, there will not be any funds returned. At this point, the student has earned 100% of his or her Title IV eligibility. Tuition will be charged by period of enrollment rather than payment period for these students.

The school will determine the withdrawal date and then determine the percent of the period of enrollment attended by the student. The amount of the Title IV aid earned will be determined by multiplying total aid disbursed or eligible to be disbursed by the percentage of time attended. The amount of Title IV funds earned will then be compared to the amount received or eligible to be received. If the amount earned is greater than or equal to the amount disbursed, no return of funds is due. If the amount earned is greater than the amount disbursed, a post-withdrawal disbursement must be made if the student is eligible. If the amount earned is less than the amount disbursed, unearned funds will have to be returned to the appropriate Title IV program(s). All unearned funds will be returned within 45 days from the date the school determined the student has withdrawn. Once the appropriate refunds have been made according to the Federal return of funds policy, the institution will then calculate the amount of tuition earned using the appropriate state policy.

**NEW JERSEY REFUND POLICY/CANCELLATION**

All advance payments will be refunded in full if: 1) the applicant is not accepted by the school, or 2) the applicant cancels in writing within three (3) business days after signing by both parties, even if instruction has begun during the three (3) day period. If cancellation occurs beyond the three (3) days after signing of the enrollment agreement but before beginning of classes, the \$100.00 registration fee will be retained. Tuition will be calculated as of the last day of attendance. Students who have not visited the school facility prior to enrollment will have the opportunity to withdraw without penalty within three (3) days following either attendance at a regularly scheduled orientation or following a tour of the school facility and inspection of equipment. After commencement of classes, for programs 300 hours in length but not exceeding 1200 hours, the school may retain the registration fee, student services fee and cost for all books and supplies received by the student plus:

Full-Time Students (24 hours or more per week)

a) 10% of the total tuition if withdrawal occurs in the first week; b) 20% of the total tuition if withdrawal occurs in the 2nd or 3rd week of the program; c) 45% of the total tuition if withdrawal occurs after the third week but prior to the completion of 25% of the program; d) 70% of the total tuition if withdrawal occurs after 25% of the program but within 50% of the program; e) 100% if withdrawal occurs after completing 50% of the program.

Part-Time Students (less than 24 hours per week)

a) 10% of the total tuition if withdrawal occurs within the first 25 hours of scheduled attendance; b) 20% of the total tuition if withdrawal occurs between 26 and 75 hours of scheduled attendance; c) 45% of the total tuition if withdrawal occurs after 75 hours but within 25% of the program; d) 70% of the total tuition if withdrawal occurs after 25% of the program but within 50% of the program; e) 100% if withdrawal occurs after completing 50% of the program.

In special cases, such as the death of the student, which make it impractical to complete the training, the school shall make a settlement which is fair and reasonable to both parties.

**SPECIAL CASES:** Such as the death of the student, which makes it impractical to complete the training, the school shall make a settlement which is fair and reasonable to both parties.

When a student fails to attend school for a significant test, a special letter (Letter of Withdraw) is sent advising the student they are being dropped for the program. Unless the student returns or makes contact with the school immediately, the student will be considered a withdraw as of the date of the letter.

**PRIORITY OF REFUNDS**

In the event the school has received an excess of funds on the student's account, the school will give priority to refunds as follows: 1) Unsubsidized Federal Stafford Loan; 2) Subsidized Federal Stafford Loan; 3) Unsubsidized Federal Direct Loan; 4) Subsidized Federal Direct Loan; 5) Federal-Plus Loan; 6) Direct Plus Loan; 7) Federal Pell Grant; 8) Other Federal, State, private or institutional sources of aid; 9) the student.

The student will be billed if a balance is due to the school after the refunds have been calculated. Any remaining balances are due and payable in full immediately and are subject to 1 1/2% interest per month on the unpaid balance, plus attorney's fees and collection costs. Please note: Examples of refund calculations are available in the Financial Aid Office.



**NOTICE OF CANCELLATION**

This agreement shall be binding on both parties. If you cancel, any property traded in, any payments made by you under the contract or sale, and any negotiable instrument executed by you will be returned within ten business days following receipt by the seller of your cancellation notice, and any security interest arising out of the transaction will be cancelled. To cancel this transaction, mail or deliver a signed and dated copy of this cancellation notice or any other written notice to STAR CAREER ACADEMY, 114 Cross Keys Road, Suite 105, Berlin, NJ 08009 within 3 business days of the date of this contract.

**NOTICE**

ANY HOLDER OF THIS CONSUMER CREDIT CONTRACT IS SUBJECT TO CLAIMS AND DEFENSES WHICH THE DEBTOR COULD ASSERT AGAINST THE SELLER OF GOODS OR SERVICES OBTAINED PURSUANT HERETO OR WITH THE PROCEEDS HEREOF, RECOVERY HEREUNDER BY THE DEBTOR SHALL NOT EXCEED AMOUNTS PAID BY THE DEBTOR HEREUNDER.

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided that the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance programs; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The Federal agency that administers compliance with the law concerning this creditor is the Federal Trade Commission, Washington, DC 20580.

It is the intention of Maker and Payee to conform strictly to applicable usury laws. Accordingly, if the transactions contemplated hereby would be usurious under applicable law (including the laws of the State of New Jersey and the laws of the United States of America), then, in that event, notwithstanding anything of the contrary in any agreement entered into in connection with, it is agreed as follows: (i) the aggregate of all consideration which constitutes interest under applicable law that is contracted for, charged or received under this note or under any of the other aforesaid agreements or otherwise in connection with this note shall under no circumstances exceed the maximum amount of interest allowed by applicable law, and any excess shall be credited on the note by the holder thereof (or, if this note shall have been paid in full, refunded to the Maker); and (ii) in the event that maturity of this note is accelerated by reason of an election by the holder thereof resulting from any default hereunder or otherwise, or in the event of any required or permitted prepayment, then such consideration that constitutes interest may never include more than the maximum amount allowed by applicable law, and excess interest, if any, provided for in this note or otherwise shall be cancelled automatically as of the date of such acceleration or prepayment and, if theretofore prepaid, shall be credited on this note (or, if this note shall have been paid in full, refunded to the Maker).



## Rules and Regulations Notification

### Drug Prevention Certification

I hereby acknowledge that I have been given a copy of the Drug Free Schools and Campus Act policy of Star Career Academy. This policy is to be observed by all faculty, staff and students.

I recognize the legal, social and health consequences of drug and alcohol abuse. I agree to adhere to this policy and I understand that disciplinary sanctions will be imposed on anyone violating this policy including, but not limited to:

1. Disciplinary Probation — specific period of time during which the student, faculty member or staff person is observed for additional violations. This action shall be in writing and shall advise the individual of possible suspension or dismissal for future misconduct.
2. Suspension — Temporary dismissal from class or duties for a specific period of time. This action will be put in writing advising the individual of possible expulsion or termination for future misconduct. Conditions for terminating the suspension period and the appeal process will be stated in the written order of suspension.
3. Expulsion/Termination — Dismissal from class or duties. Conditions of dismissal and appeal will be stated in writing.
4. Criminal Sanctions — May be imposed by the local, state or federal law enforcement agencies.

The above information is presented as guidelines for educational purposes but are not binding. Actual penalties and sanctions imposed will be determined by the facts relating to each incident. The School Director has additional information on drug and alcohol counseling treatment and rehabilitation programs.

\_\_\_\_\_ Initial

### Anti-Drug Abuse act Certification

I certify that as a condition of my PELL grant; I will not engage in the unlawful manufacture, distribution, dispensation, possession or use of a controlled substance during the period covered by my PELL Grant (PELL Grant Only).

Warning: To receive Title IV Financial Aid, you must complete the Statement of Educational Purposes/Certification Statement of Refunds and Defaults/Anti-Drug Abuse Act Certification, and you must register with Selective Service, if you are required to register. If you purposely give false or misleading information, you may be subject to a fine, imprisonment, or both.

Samples of Refund calculations are available for your review in the Financial Aid Office.

\_\_\_\_\_ Initial

### Initial/Annual Notification to Student Family Educational Rights and Privacy Act

To All Students:

Records are maintained by the school with respect to your application, enrollment, attendance/participation, tuition/educational expenses and financial aid, including grades, payment records, attendance records, disciplinary and placement records. You have the right to inspect and review your educational records upon reasonable advance notice to school upon request to the School Director. A student desiring to review his/her records should submit a written request to the School Director, which identifies as precisely as possible the record, or records he/she wishes to inspect. If you want to know more about the procedures governing your review of the records, you may obtain a copy of our complete Policy and Procedures from the school director.



If, after reviewing your records, you find that they contain errors or are inaccurate or misleading, you may request that the record be amended. If the school does not agree with your position, you may request that a hearing be held.

If you believe that the school has not followed the Federal rules under the Family Educational Rights and Privacy Act, you may write to the United States Department of Education.

Generally, we will not release any information about you to outside individuals, unless we have first received your permission, or were required to provide the information under State or Federal laws or to auditors, researchers, etc. However, it is considered that certain information does not violate your rights of privacy, and therefore, the school is permitted to release this information routinely, unless you specifically request otherwise from the school, by providing a written notice to the school. At this school, this general information is considered to be your name, address, telephone number, date and place of birth, program of study, participation in recognized activities, dates of attendance, academic progress report, certificates or degrees obtained and the last institution attended.

I have been notified of my rights with respect to my educational records.

\_\_\_\_\_ Initial

## Rules and Regulations of Externship

All externships are a condition of the curriculum, designed to give all students practical training experience. This program evaluates each student in all areas of professional performance. All students are subject to the rules and regulations of Star Career Academy as well as the rules of the externship program or EMS Division.

1. Proper attire is required during externship.
2. All externship hours will be assigned and completed within the maximum time frame allowed by law, which is 150% of normal time for completion of this program.
3. Externship hours are arranged according to the hours of the extern sites, this may require starting at 6:00 am. Students are responsible for adjusting their schedules to the availability of externship hours. Most sites require daytime schedules. Evening students should be prepared to accommodate daytime site hours. Once hours are set, you may not deviate from them. Externships will not provide all areas of training with hands on experience.
4. Students are required to remain on assigned externship site. Trading or leaving externship site is not permitted.
5. Repeat problems on an externship in any area or performance will result in termination. Any conduct detrimental to the reputation of the school may also result in immediate termination. If a student is dismissed, for any reason, by their externship site, the student may be dismissed from the program.
6. It is most important that you log in your hours each day on the evaluation report with the date and your initials.
7. All students are required to complete the required externship hours. Exact amount of externship hours vary with each program. Some facilities require additional hours and students must adjust their schedule accordingly.
8. Students are permitted no more than one (1) absence during externship.
9. Externships will only be assigned when the student has completed all classroom assignments and has successfully passed all program areas as outlined in the school catalog under satisfactory academy progress.
10. Externships are monitored by externship coordinators, instructors or clinical coordinators.
11. Any problems occurring during externship must be brought to the attention of the appropriate educational department prior to leaving the assigned site. Students who are dismissed by their site for conduct or behavioral problems will not be offered an alternative site.
12. The school will supply malpractice insurance to the allied health and culinary students before going on externship. Depending on the Guidelines provided by the State, students may need to provide their own medical insurance while on externship.
13. Student must notify school and externship site of any absence prior to the start of their rotation.
14. The school tries to provide sites within reasonable distance of the school or the student's home; however you must agree to travel up to one hour (60 miles) during the externship. You must prepare to make arrangements for your travel. The school cannot always arrange a site that is on a public transportation route. It is your responsibility to get to the assigned externship site.
15. The Director has the ability to delay or deny an externship rotation if the student does not pass or show Satisfactory Academic Progress in the clinical and culinary skills area, and/or may require extra practice at the campus in order to refresh/update skills in order to continue on the site.

16. Star Career Academy's policy is that each student will have the following documentation prior to starting their externship:
  - a. Proof of Hepatitis B vaccine.
  - b. 2 Step PPD within 6 months.
  - c. MMR Titer (Measles, Mumps and Rubella).
  - d. Physical Examination.
  - e. Picture Identification.
  - f. Proof of personal health insurance coverage.
17. A student enrolled in a Star Career Academy program that requires an externship, has been advised that there may be unforeseen circumstances that delay the assignment of an externship location.
18. All externship sites require a criminal background check.

I agree to release Star Career Academy and my Externship Site of legal responsibilities during my externship. I realize that my externship is a learning experience and agree to do meaningful work at the facility and fully realize that a promise of employment is not expected, nor do I expect a salary while on externship. I have read, fully understand and agree to all Rules and Regulations.

\_\_\_\_\_ Initial

## Medical Program Acknowledgement and Release

The undersigned desires to practice drawing blood from other students of Star Career Academy. I acknowledge that this practice is voluntary and not a mandatory part of the course in which I am enrolled.

I hereby release Star Career Academy, its owners, directors, officers and employees from any and all liability, loss, cost or expenses arising out of any damage or injury which I may sustain from my participation in this practice.

Furthermore, I agree to indemnify and hold Star Career Academy, its owners, directors, officers and employees, harmless from any damage, loss, costs or expenses which I may cause to a fellow student.

\_\_\_\_\_ Initial

## Disclosure Concerning Blood Borne Pathogens

As a student in any Allied Health Program as Star Career Academy, I understand that I may have an increased risk of contracting the Hepatitis B Virus (HBV) infection. The Hepatitis B Vaccine can prevent it.

I understand that it is not required that Star Career Academy provide the Hepatitis B Vaccine, but that I can acquire the injections at my own expense. I also understand that it is necessary that I start to receive the Hepatitis B Vaccine injections before I am placed on an externship site or start working in the medical field and it is recommended that the vaccination series be completed before having my first contact with blood. If I decide not to start the Hepatitis B Vaccination series; I understand that I will not be accepted on an externship site.

The hepatitis B Vaccine is a series of three (3) injections over a period of six (6) months. The cost of these injections ranges from \$60.00 to \$200.00.

\_\_\_\_\_ Initial

## Dress Code

The nature of this course is to prepare you for a professional position in a new career. In view of this, we operate in a professional manner and have initiated a strict uniform policy that will help to prepare you for the medical and professional environment.

Students are not permitted to wear tight pants, shorts, or tight skirts, leggings, sweat pants, ripped jeans, tank tops, tee-shirts and half shirts, construction boots, colored sneakers or other attire deemed inappropriate by the class instructors, or the school director.

No long fingernails or loud polish (clear polish is acceptable). Students should wear conservative jewelry in accordance with OSHA regulations: one ring (typically wedding band), earrings (no larger than the size of a dime), no necklaces/no bracelets/no nose rings/piercing. Star Career Academy has the right to send any student home that is dressed improperly for school and/or externship.



Uniforms are to be worn by students when attending class and externship where applicable. Student uniforms must be clean and free of wrinkles. White sneakers are permitted as long as they are kept clean; otherwise, white, nursing shoes are required. Flat, white shoes are not permitted. Please note; uniform color requirements may vary by program and school location. Please see the admissions office and/or program instructor for the school's requirements for the medical programs.

I understand the dress code requirements for my program. Failure to comply with this requirement could result in disciplinary action.

\_\_\_\_\_ Initial

## Important Facts Before You Start Class

1. Uniforms: All allied health students will receive 2 sets of scrubs the color will be dictated by the program. Culinary Programs will receive 3 sets of uniforms including 3 hats and 3 aprons. Both will receive one set of shoes.
2. The nature of the course is to prepare you to become immediately employable upon graduation, into an entry level position. In all cases, the job title you are training for will be listed in the school catalog.
3. Any salary or employment information will be provided by the Career Service department.
4. All students must have settled all financial obligations and successfully met all academic requirements in order to receive a diploma.
5. Star Career Academy will assist all graduates requesting placement assistance. Star Career Academy does not guarantee employment.
6. I have received the school catalog and understand completely the demands and responsibilities of the program offered. I understand that the course curriculum may change, because of the goal of keeping all programs current.
7. I have read, and understand and accept the School's policy regarding externship and placement.
8. I authorize Star Career Academy to make available my educational records for "Official" reasons only (potential employers and other training institutions).
9. I have read carefully and understand all forms I have completed and I am in receipt of my enrollment agreement contract and school catalog.
10. I understand that only the School Director and Director of Admissions can accept me into Star Career Academy.
11. No school representative has told me that the education I will receive will be free.
12. EMS students only — I have received the EMT or Paramedic overview and have signed and returned this form.
13. All books for all programs can be purchased through the following book stores: Barnes & Noble, Borders Book Store, barnesandnoble.com and borders.com.
14. I am aware that upon completion of the "Dialysis Technician" program I am not classified or qualified to be a "Nephrology Nurse". I understand my training is to help me gain entry level employment as a "Dialysis Technician".
15. I understand it is my responsibility to obtain proof of education and I may be dismissed from school if I fail to provide documentation.

\_\_\_\_\_ Initial

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

Witness \_\_\_\_\_

Director's Signature \_\_\_\_\_

**CHANGE OF STATUS**CAMPUS: CIA

Name: [REDACTED] Start Date: 4/15/10 Date of Determination: 12/13/10  
 Current Program: 137 Current Shift: AM PM Eve Current Module: 200001

**Transfer to Another Shift (same program): An Enrollment Agreement Addendum must be completed**

Program: \_\_\_\_\_ Date Effective: \_\_\_\_\_

Current Shift: \_\_\_\_AM \_\_\_\_PM \_\_\_\_EVE Hours Completed: \_\_\_\_\_

New Shift: \_\_\_\_AM \_\_\_\_PM \_\_\_\_EVE Hours Needed: \_\_\_\_\_

**Transfer to Another Program: An Enrollment Agreement Addendum must be completed**

Original Program: \_\_\_\_\_ AM PM EVE

Original Start Date: \_\_\_\_\_ Hours Completed: \_\_\_\_\_

New Program: \_\_\_\_\_ AM PM EVE

New Mod Date: \_\_\_\_\_ Hours Needed to Complete: \_\_\_\_\_

**Leave of Absence: (Return from LOA on Separate Form)**

LOA Start Date: \_\_\_\_\_ Expected Return Date (next module start): \_\_\_\_\_

New Graduation Date: \_\_\_\_\_ Hours Completed: \_\_\_\_\_

Course Returning to: \_\_\_\_\_ Hours Needed to Complete: \_\_\_\_\_

Reason: \_\_\_\_\_

**Repeat Module:**

Module Failed: \_\_\_\_\_ Hours Passed: \_\_\_\_\_ Hours Needed: \_\_\_\_\_

New Projected Grad Date: \_\_\_\_\_ New LDIC: \_\_\_\_\_

**Terminated/Withdrawn:**Official Drop Date: 7/10/10 Hours Completed: 600Reason for Termination: Failure to progress an externship**Graduate:** no to no site

Graduation Date: \_\_\_\_\_ Externship Required: YES\* NO

\*Externship Evaluation Attached.

Is student eligible to receive diploma based on current standing? YES NO

Executive Director: [Signature]Date: 12/13/10Director of Education: [Signature]Date: 12/13/10Registrar: [Signature]Date: 12/13/10

White—Registrar Canary—Corporate Pink—FA

[Signature] 12/13/10  
[Signature] 12/13/10



STUDENTS NAME [REDACTED] SOCIAL SECURITY NUMBER [REDACTED]

DATE FORM COMPLETED 12/20/2010 DATE OF THE DETERMINATION THAT THE STUDENT WITHDREW 12/13/2010

period used for calculation (check one) ☐ payment period ☒ period of enrollment

Monetary amounts should be in dollars and cents (rounded to the nearest penny). Round to three decimal places when calculating percentages. For example, .4486 would be .449, or 44.9%.

## Step 1: Student's Title IV Aid Information

	Net Amount Disbursed	Net Amount That Could Have Been Disbursed		Amount Disbursed	Amount that could have been Disbursed	amount of stipend paid to student
1. Unsubsidized FFEL/Direct Stafford Loan	\$4,240.00	\$784.00	5. Pell grant	\$5,450.00	\$1,388.00	\$0.00
2. Subsidized FFEL/Direct Stafford Loan	\$3,484.00	\$1,121.00	6. FSEOG	\$0.00	\$0.00	\$0.00
3. Perkins Loan	\$0.00	\$0.00	7. Other Title IV programs*	\$0.00	\$0.00	\$0.00
4. FFEL/Direct PLUS	\$0.00	\$0.00	* Do not include FWS	\$0.00	\$0.00	\$0.00

A. Total Title IV aid disbursed (NOT aid that could have been disbursed) for the payment period or period of enrollment

A \$13,174.00

B. Total of Title IV aid disbursed plus the Title IV aid that could have been disbursed for the payment period or period of enrollment

B \$16,467.00

## Step 2: Percentage of Title IV Earned

C. \* If school is not required to take attendance and student withdrew notification, enter 50% in Box C and proceed to Step 3 OR school may enter a last date of attendance at an academically-related activity for "withdrawal date" and proceed from there.

* Withdrawal date	9/29/2010	Total number of calander days entire program	267
MENT PERIOD 1	4/5/2010	Total Number of calander day attempted	178
	TO 1/6/2011	Total number of calander days in payment period 1	267
		Total number of calander days in payment period 2	N/A
		Total number of calander days in payment period 3	N/A

\* Percentage of payment period or period of enrollment

Determine the calander days completed in the payment period or period of enrollment divided by the total calander days in the payment period or period of enrollment (exclude schedule breaks of 5 days or more AND days that the student was on approved leaves of absence).

178	/	267	=	66.7%	OF TERM 1	C	100.0%
N/A	/	N/A	=	N/A	OF TERM 2	C	N/A
N/A	/	N/A	=	N/A	OF TERM 3	C	N/A

If this amount is less than or equal to 60%, enter the amount in Box C. If this amount is greater than 60% (with or without rounding), enter 100% in Box C.

## STEP 3: Amount of Title IV Aid Earned by the student

D. Percentage of Title IV aid earned (Box C) x the total of Title IV aid disbursed plus the Title IV aid that could have been disbursed for the payment period or period of enrollment (Box B)

TERM 1	100.0%	x	\$16,467.00	=	D	\$16,467.00
TERM 2	N/A	x	N/A	=	D	N/A
TERM 3	N/A	x	N/A	=	D	N/A
	Box C		Box B			

## Step 4: Total Title IV Aid to be Disbursed or Returned

If the amount in Box D is greater than the amount in Box A, go to item E. If the amount in Box A is greater than the amount in Box D, go to item F. If the amounts in Boxes A and D are equal, STOP. no further action is necessary.

E. Post-withdrawal disbursement. Subtract Title IV aid disbursed for the payment period or period of enrollment (Box A) from the amount of Title IV aid earned (Box D). This is the amount of the post-withdrawal disbursement due. Stop here and go to the post-withdrawal disbursement tracking sheet.

\$16,467.00 - \$13,174.00 = E \$3,293.00

Box D Box A

F: Title IV aid to be returned. Subtract the amount of Title IV aid earned (Box D) from Title IV aid disbursed for the payment period or period of enrollment (Box A). This is the amount of Title IV aid that must be returned.

\$13,174.00	-	\$16,467.00	=	F	\$0.00
Box A		Box D		stipend	\$0.00

#### P 5: Amount of Unearned Title IV Aid Due from the SCHOOL

G. Institutional charges for the payment period or period of enrollment

Tuition	\$15,637.00	Other Fees	\$425.00	Other	\$0.00	
Registration Fee	\$0.00	Books	\$311.00	Other	\$92.00	
Total Institutional Charges						G \$16,465.00

H. Percentage of Title IV aid unearned (100%-Box C)

TERM 1	H	0.0%
TERM 2	H	N/A
TERM 3	H	N/A

I. Multiply institutional charges for the payment period or period of enrollment (Box G) times the percentage of Title IV aid unearned (Box H).

TERM 1	\$16,465.00	x	0.0%	=	I	\$0.00
TERM 2	N/A	x	N/A	=	I	N/A
TERM 3	N/A	x	N/A	=	I	N/A
	Box G		Box H			

J. Compare the amount of Title IV aid to be returned (Box F) to Box I and enter the lesser amount.

J	\$0.00
stipend	\$0.00

#### STEP 6: Return of Funds by the SCHOOL

The school must return the unearned aid for which the school is responsible (Box J) by repaying funds to the following sources, in order, up to the total net amount disbursed from each source.

	Amount for School to Return	Award Year		Amount for School to Return	Award Year
1. Unsubsidized FFEL/ Direct Stafford Loan	\$0.00		5. Pell Grant	\$0.00	
2. Subsidized FFEL/Direct Stafford Loan	\$0.00		6. FSEOG	\$0.00	
3. Perkins Loan	\$0.00		7. Other Title IV programs	\$0.00	
4. FFEL/Direct PLUS	\$0.00				

#### STEP 7: Initial Amount of Unearned Title IV Aid Due from the STUDENT

K: Subtract the amount of Title IV aid due from the school (Box J) from the amount of Title IV aid to be returned (Box F)

\$0.00	-	\$0.00	=	K	\$0.00
Box F		Box J			

#### Step 8: Return of Funds by the STUDENT

The student (or parent for a PLUS loan) must return unearned aid for which the student is responsible (Box K) by repaying funds to the following sources, in order, up to the total net amount disbursed from each source, after subtracting the amount the school will return. Amounts to be returned to grants reduced by 50%.

	Amount for Student to return		Amount for Student to return		
1. Unsubsidized FFEL/ Direct Stafford Loan*	\$0.00	5. Pell Grant	\$0.00	x 50%	\$0.00
2. Subsidized FFEL/Direct Stafford Loan *	\$0.00	6. FSEOG	\$0.00	x 50%	\$0.00
3. Perkins Loan*	\$0.00	7. Other Title IV programs	\$0.00		
4. FFEL/Direct PLUS*	\$0.00	(X 50% for grant funds)			

\* Loan amounts are returned in accordance with the terms of the promissory note. No further action is required other than notification to the holder of the loan of the student's withdrawal date.



## Post-Withdrawal Disbursement Tracking Sheet

STUDENTS NAME

SOCIAL SECURITY NUMBER

## Amount of Post-Withdrawal Disbursement

A. Amount from Box E of "Treatment of Title IV Funds When a Student Withdraws" Worksheet

A \$3,293.00

NOTE: STUDENT DID NOT REACH 3RD MID POINT

## Post-withdrawal Disbursement Credited to student's Account

B. Total outstanding charges on student's account

B \$0.00

C. Total amount of post-withdrawal disbursement credited to student's account

\* Amount of post-withdrawal disbursement credited for tuition, fees,  
room and board (if student contracts with the institution)\$0.00\* Amount of post-withdrawal disbursement credited for other  
current charges+ \$0.00\* Amount of post-withdrawal disbursement credited for minor prior  
year charges+ \$0.00

Total Amount Credited to Account C

\$0.00D. Student and/or parent authorization to credit account for other current charges or minor prior year charges  
(if necessary) obtained onE. If a post-withdrawal disbursement of loan funds is credited to account, date of notification to  
student and/or parent

## Post-Withdrawal Disbursement Offered to Student/Parent

F. Total amount of post-withdrawal disbursement (Box A) - amount of post-withdrawal disbursement credited to  
student's account (Box C) = Total amount to offer to student/parentF \$0.00

G. Notification sent to student and/or parent on

H. Response received from student/parent on

Response not received

I. Amount accepted

## Post-withdrawal Disbursement Made From

Pell Grant	<u>\$0.00</u>
FSEOG	<u>\$0.00</u>
Other Title IV programs (grants)	<u>\$0.00</u>

Unsubsidized FFEL/ Direct Stafford Loan	<u>\$0.00</u>
Subsidized FFEL/Direct Stafford Loan	<u>\$0.00</u>
Perkins Loan	<u>\$0.00</u>
FFEL/Direct PLUS	<u>\$0.00</u>
Other Title IV programs (loans)	<u>\$0.00</u>

CAMPUS:

DATE:

STUDENT NAME:

SOCIAL SECURITY NUMBER:

PROGRAM:

START DATE:

NUMBER OF WEEKS IN PROGRAM

NUMBER OF HOURS IN WEEK

TOTAL # OF CLOCK HOURS FOR CLASS:

DATE OF COS:

LAST DAY ATTENDED:

HOURS PRESENT:

HOURS SCHEDULED:

TOTAL TUITION ONLY

REGISTRATION FEE

OTHER FEES

BOOKS, SUPPLIES, EQUIPMENT

TOTAL INSTITUTIONAL COSTS

TOTAL AID PAID TO

INSTITUTIONAL COSTS

STUDENT SCHEDULED CASH PAYMENTS

STUDENT CASH PD TO EDUC. EXPENSES

UNPAID CHARGES

\* DO NOT INCLUDE UNEARNED FUNDS IN THIS FIGURE

AMOUNT OF UNEARNED FUNDS

AMOUNT OF UNEARNED FUNDS

AMOUNT OF UNEARNED FUNDS

AMOUNT OF UNEARNED FUNDS

AMOUNT OF UNEARNED FUNDS

PELL

STAFFORD

UNSUB

PLUS

SEOG

PELL - \$5,450.00

STAFFORD SUB. - \$3,484.00

STAFFORD UNSUB. - \$4,240.00

SEOG \$0.00

SEOG SCHOOL MATCH - \$0.00

= \$3,291.00

- \$0.00

= \$3,291.00

EGG HARBOR

12/20/2010

DT-D

4/5/2010

37.5

24

900

12/13/2010

9/29/2010

N/A

600

\$15,637.00

+ \$0.00

+ \$425.00

+ \$403.00

= \$16,465.00

PELL - \$5,450.00

STAFFORD SUB. - \$3,484.00

STAFFORD UNSUB. - \$4,240.00

SEOG \$0.00

SEOG SCHOOL MATCH - \$0.00

= \$3,291.00

- \$0.00

= \$3,291.00

TUITION ONLY

\$15,637.00

% TO BE RETAINED

0.00%

% TO BE RETAINED

0.00%

% TO BE RETAINED

0.00%

% TO BE RETAINED

0.00%

% TO BE RETAINED

100.00%

TUITION TO RETAIN \$15,637.00

REGISTRATION FEE \$0.00

OTHER FEES \$425.00

BOOKS, SUPP, EQUIP \$403.00

BOOKS NOT ISSUED \$0.00

UNPAID CHARGES N/A

RETAINABLE FUNDS \$16,465.00

TOTAL PD TO INST COSTS \$13,174.00

RETAINABLE FUNDS \$16,465.00

REFUND DUE (\$3,291.00)

\* IF REFUND DUE IS A NEGATIVE NUMBER-  
SEND REFUND CALCULATION, FINANCE CARD  
& CHANGE OF STATUS TO CORPORATE

	EARNED FUNDS	UNEARNED FUNDS	TOTAL OF ALL FUNDS	AWARD YEAR OF FUNDS
UNSUB	\$0.00	\$0.00	\$0.00	
STAFFORD	\$0.00	\$0.00	\$0.00	
PLUS	\$0.00	\$0.00	\$0.00	
PELL	\$0.00	\$0.00	\$0.00	
SEOG	\$0.00	\$0.00	\$0.00	
OTHER	\$0.00	\$0.00	\$0.00	
TOTAL	\$0.00	\$0.00	\$0.00	

NAME OF BANK TO REFUND

SUB/UNSUB/PLUS

OTHER BANKS

TOTAL TUITION AND FEES: \$16,465.00

LESS TOTAL EDUC. CHARGES: \$16,465.00

EQUALS UNEARNED TUITION AND FEES: \$0.00



## DIALYSIS TECHNICIAN: PHILADELPHIA

START DATE: 5/3/10

██████████, Marcus	██████████, Mary	██████████, Sierra	██████████, Joseph
██████████, Shevelle	██████████, Zulma	██████████, Lathal	██████████, Jolisa
██████████, Charmaine	██████████, Loretta	██████████, Rosie	██████████, Henrietta
██████████, Stephanie	██████████, Lauren	██████████, Mazrine	██████████, Andrew
██████████, Yolanda	██████████, Irene	██████████, Natasha	██████████, Barbara
██████████, Gerta			

## DIALYSIS TECHNICIAN: PHILADELPHIA

START DATE: 5/24/10

██████████, Terraine	██████████, Heather	██████████, Owen	██████████, RyAnn
██████████, Melissa	██████████, Marie	██████████, Jaclyn	██████████, Jannie
██████████, Frantz	██████████, Chong	██████████, Taetchlyne	██████████, Priscilla
██████████, Shera	██████████, Nicole	██████████, Taisha	██████████, Anastasha
██████████, Davida	██████████, Miriam	██████████, Kyairra	██████████, James
██████████, Ashley	██████████, Hudson	██████████, Jagruti	██████████, Patricia
██████████, Deanne	██████████, Antoinette	██████████, Helen	██████████, Elaina

## DIALYSIS TECHNICIAN: PHILADELPHIA

START DATE: 11/15/10

██████████, Baaqia	██████████, Bianca	██████████, Joyce	██████████, Sharon
██████████, Capreese	██████████, Renita	██████████, Dawn	██████████, Miracle
██████████, Racquel	██████████, Ruth	██████████, Natalie	██████████, Nykirah
██████████, Jocelyn	██████████, Preethy	██████████, Sharon	██████████, Alexis
██████████, Jennifer	██████████, Bryan	██████████, Jamilla	
██████████, Talmanjanique	██████████, Jacqueline	██████████, Carol	██████████, Delaina
██████████, Dominique	██████████, James	██████████, Nate	██████████, Wendy
██████████, Maurice			

DIALYSIS TECHNICIAN: PHILADELPHIA

START DATE: 1/13/11

[REDACTED] Michelle	[REDACTED] Claudette	[REDACTED] Tyrone	[REDACTED] Maria
[REDACTED] Maria	[REDACTED] Thomas	[REDACTED] Shanitta	[REDACTED] Felicia
[REDACTED] Anitha	[REDACTED] Saida	[REDACTED] Anastasiya	
[REDACTED] Talmanjanique	[REDACTED] Sheila	[REDACTED] Lonzie Jr.	[REDACTED] Pamela
[REDACTED] Diana	[REDACTED] Zaire	[REDACTED] Kianna	[REDACTED] Tanchanika
[REDACTED] Katrina	[REDACTED] Libin		



StudentName	sCity	StatusCode	DateStarted	StatusReason
[REDACTED]	Somerset	STEXT	1/20/2010	
[REDACTED]	Brick	WITHDRAW	1/20/2010	Other
[REDACTED]	Avon	WITHDRAW	1/20/2010	Other
[REDACTED]	Toms River	WITHDRAW	1/20/2010	Other
[REDACTED]	Asbury Park	WITHDRAW	1/20/2010	Other
[REDACTED]	Lakewood	WITHDRAW	1/20/2010	Other
[REDACTED]	Forked River	STPNDEXT	8/2/2010	
[REDACTED]	Jackson	STPNDEXT	8/2/2010	
[REDACTED]	Toms River	STPNDEXT	8/2/2010	
[REDACTED]	Neptune	STPNDEXT	8/2/2010	
[REDACTED]	Beachwood	STPNDEXT	8/2/2010	
[REDACTED]	Brick	STPNDEXT	8/2/2010	
[REDACTED]	Lakewood	STPNDEXT	8/2/2010	
[REDACTED]	Lakewood	LOA	8/2/2010	Pregnancy
[REDACTED]	Toms River	STPNDEXT	8/2/2010	
[REDACTED]	Ocean Twp	STPNDEXT	8/2/2010	
[REDACTED]	Long Branch	STPNDEXT	8/2/2010	
[REDACTED]	Lakewood	STPNDEXT	8/2/2010	
[REDACTED]	East Brunswick	STPNDEXT	8/2/2010	
[REDACTED]	Eatontown	STPNDEXT	8/2/2010	
[REDACTED]	Matawan	STPNDEXT	8/2/2010	
[REDACTED]	Cliffwood Beach	STPNDEXT	8/2/2010	
[REDACTED]	Jackson	STPNDEXT	5/3/2010	
[REDACTED]	Toms River	STPNDEXT	5/3/2010	
[REDACTED]	Toms River	STPNDEXT	5/3/2010	
[REDACTED]	Pemberton	STPNDEXT	5/3/2010	
[REDACTED]	Lakewood	STPNDEXT	5/3/2010	
[REDACTED]	Asbury Park	STPNDEXT	5/3/2010	
[REDACTED]	Asbury Park	STPNDEXT	5/3/2010	

Brick





From: Rich Lincoln <rlincoln@careeracademyny.edu>

To: rhldragon <rhldragon@aol.com>

Subject: FW: extern issues

Date: Sun, Feb 27, 2011 8:55 pm

6

---

From: [kdoherty@careeracademyny.edu](mailto:kdoherty@careeracademyny.edu) [mailto:[kdoherty@careeracademyny.edu](mailto:kdoherty@careeracademyny.edu)]

Sent: Friday, June 11, 2010 3:24 PM

To: [rlincoln@careeracademyny.edu](mailto:rlincoln@careeracademyny.edu)

Subject: Re: extern issues

Thank you! Have a great weekend!

Sent from my Verizon Wireless BlackBerry

---

From: [rlincoln@careeracademyny.edu](mailto:rlincoln@careeracademyny.edu)

Date: Fri, 11 Jun 2010 19:17:38 +0000

To: <[kdoherty@careeracademyny.edu](mailto:kdoherty@careeracademyny.edu)>

Subject: Re: extern issues

I sent them to lou. Merv and helen are working on the list and will update monday.

Sent via BlackBerry by AT&T

---

From: [kdoherty@careeracademyny.edu](mailto:kdoherty@careeracademyny.edu)

Date: Fri, 11 Jun 2010 19:15:11 +0000

To: <[lhovath@careeracademyny.edu](mailto:lhovath@careeracademyny.edu)>; <[rlincoln@careeracademyny.edu](mailto:rlincoln@careeracademyny.edu)>

Subject: Re: extern issues

Rich,

Do you have the names and programs of the 9 students? We'd like to ensure no student gets overlooked. Also we can be on alert for phone calls from these students.

~kelly

Sent from my Verizon Wireless BlackBerry

---

From: [lhovath@careeracademyny.edu](mailto:lhovath@careeracademyny.edu)

Date: Fri, 11 Jun 2010 16:28:54 +0000

To: <[kdoherty@careeracademyny.edu](mailto:kdoherty@careeracademyny.edu)>

Subject: Fw: extern issues

Sent from my Verizon Wireless BlackBerry

---

From: "Rich Lincoln" <[rlincoln@careeracademyny.edu](mailto:rlincoln@careeracademyny.edu)>

Date: Fri, 11 Jun 2010 11:19:55 -0400

To: 'Lou Horvath' <[lhovath@careeracademyny.edu](mailto:lhovath@careeracademyny.edu)>

Subject: extern issues

I just wanted to bring you up to date with some issues that have happened during my visit. During the week, I have had three separate student issues, all with the same problem. As you are aware from my previous emails, I was questioned by the father of [REDACTED], regarding her externship. I will need to have answers for him early next week, hopefully Colleen will have something for us. Additionally, I was approached by [REDACTED], CT student who reached his LDIC this week. He reached out to me, because he had yet to be approached by anyone to discuss his externship. When Merv returned this week, I immediately had him address the class. Today, I was informed by Jennifer DiMedio that [REDACTED] has been calling the school (as he did today) since his LDIC (4/1) and has yet to be placed on his externship. I have reviewed the externship list from campusvue and cross checked it with Merv and Helen and have verified that, in addition to the Dialysis students who have yet to be placed, there are an additional 9 students who have reached their LDIC and are not on/been scheduled for a site. Merv and Helen told me that they have reviewed this list and will have answers for you as to where and when they are going to be placed. Hope this is helpful. Have a safe return trip.

Richard Lincoln  
Regional Director of Admissions  
Star Career Academy  
856-719-0300  
[rlincoln@careeracademyny.edu](mailto:rlincoln@careeracademyny.edu)



From: Rich Lincoln <rlincoln@careeracademyny.edu>

To: rhldragon <rhldragon@aol.com>

Subject: FW: Lakewood Surg Start

Date: Mon, Feb 7, 2011 7:08 pm

-----Original Message-----

From: Colleen Leard [<mailto:cleard@careeracademyny.edu>]

Sent: Wednesday, July 15, 2009 12:24 PM

To: Rich Lincoln

Cc: [cleard@careeracademyny.edu](mailto:cleard@careeracademyny.edu); 'B Rockower'; 'Toni Castillo';

[mmumma@careeracademyny.edu](mailto:mmumma@careeracademyny.edu); 'Miannacone'; 'R Stover'

Subject: Re: Lakewood Surg Start

Thanks Rich - I know the reforecast for Lakewood put that start at 24 - I'd like to see it capped at 20. As the date gets closer, if you see that you're running up to or over that number; we can reevaluate - and see where we're are at that time. But, if we need to leave it at 24 - we'll do the best we can!!

Let me know what the final word is.. and if we have any answers for the million dollar question -- where are we putting them???

> Currently, we have 25 solid students to start in the 8/10 start. I have  
> asked that all future applicants be set up on a waiting list. Our goal is  
> to have 25 solid. All students over that number will be moved to the 9/19  
> start. My question to you would be is there a cap that you want placed on  
> the September class. I know you have generously allowed us to have an  
> additional start date; likewise, I don't want to jeopardize our externs.  
> Please let me know what your feelings are towards the number.  
>  
>

Colleen Leard TS-C, EDU  
Surgical Technology Program Coordinator  
Star Technical Institute  
732-598-9376 cell  
732-359-1505 fax

From: Rich Lincoln <rlincoln@careeracademyny.edu>

To: rhldragon <rhldragon@aol.com>

Subject: FW: DIALYSIS

Date: Mon, Feb 7, 2011 7:05 pm

-----Original Message-----

From: Toni Castillo [<mailto:tcastillo@careeracademyny.edu>]

Sent: Friday, July 24, 2009 1:57 PM

To: 'Rich Lincoln'

Cc: 'Michele Mumma'

Subject: FW: DIALYSIS

Rich - I knew that this was a concern of yours at one point. I just wanted to give you a heads up on the progress. :)

This is for the Newark area.

Have a great weekend,  
Toni

-----Original Message-----

From: Colleen Leard [<mailto:cleard@careeracademyny.edu>]

Sent: Friday, July 24, 2009 1:32 PM

To: [miannacone@culinaryacademyny.edu](mailto:miannacone@culinaryacademyny.edu); [tcastillo@careeracademyny.edu](mailto:tcastillo@careeracademyny.edu)

Subject: DIALYSIS

Trinitas' Director of Renal Services left me a message this morning - that they (the hospital, and two outpatient dialysis centers) will happily support establishing our program, as well as supporting it with externships. Next step - I'd like to bring them in to Clifton and/or Newark and let them see our classrooms. Do we have any Dialysis faculty members I can introduce them to at either campus yet?  
Hooo-ray!!

Colleen

Colleen Leard TS-C, EDU  
Surgical Technology Program Coordinator  
Star Technical Institute  
732-598-9376 cell  
732-359-1505 fax

No virus found in this incoming message.

Checked by AVG - [www.avg.com](http://www.avg.com)

Version: 8.5.392 / Virus Database: 270.13.27/2258 - Release Date: 07/24/09  
05:58:00

From: Rich Lincoln <rlincoln@careeracademyny.edu>  
To: rhldragon <rhldragon@aol.com>  
Subject: FW: ST Externs  
Date: Tue, Feb 8, 2011 10:51 am

---

From: Silvana D'Alessandro [mailto:sdalessandro@careeracademyny.edu]  
Sent: Friday, July 09, 2010 10:31 AM  
To: rlincoln@careeracademyny.edu  
Cc: hginis@careeracademyny.edu  
Subject: ST Externs

---

Rich,

According to LDA none of the 6/2/10 ST students have extern hours. I checked with Helen and she confirmed none of them have sites as of yet.



*Silvana D'Alessandro*  
*Registrar*

Star Career Academy, Egg Harbor  
3003 English Creek Avenue, Suite 212  
Egg Harbor Township, NJ 08234  
(609) 407-2999 Ext. 121  
fax (609) 646-9472



From: Rich Lincoln <[rlincoln@careeracademyny.edu](mailto:rlincoln@careeracademyny.edu)>  
To: rhldragon <[rhldragon@aol.com](mailto:rhldragon@aol.com)>  
Subject: FW: Help!  
Date: Mon, Feb 7, 2011 7:12 pm

---

-----Original Message-----

From: [cleard@careeracademyny.edu](mailto:cleard@careeracademyny.edu) [<mailto:cleard@careeracademyny.edu>]  
Sent: Thursday, October 07, 2010 6:04 PM  
To: [rlincoln@careeracademyny.edu](mailto:rlincoln@careeracademyny.edu)  
Subject: Re: Help!

---

MRI and al told Scott in philly there is no such reg. Circulated about 3 years ago? What do you think?

-----Original Message-----

From: [rlincoln@careeracademyny.edu](mailto:rlincoln@careeracademyny.edu)  
To: [cleard@careeracademyny.edu](mailto:cleard@careeracademyny.edu)  
ReplyTo: [rlincoln@careeracademyny.edu](mailto:rlincoln@careeracademyny.edu)  
Subject: Re: Help!  
Sent: Oct 7, 2010 6:01 PM

It was a memo sent from the state of pa. Randy can probably find it. Were they unsure?

-----Original Message-----

From: [cleard@careeracademyny.edu](mailto:cleard@careeracademyny.edu)  
To: Me  
ReplyTo: [cleard@careeracademyny.edu](mailto:cleard@careeracademyny.edu)  
Subject: Help!  
Sent: Oct 7, 2010 5:45 PM

Rich, please refresh my memory. What is the reg in pa that makes us have to place our students within 28 days to keep compliant? Thank you in advance!  
Sent from my Verizon Wireless BlackBerry

Sent via BlackBerry by AT&T

Sent from my Verizon Wireless BlackBerry

>> have asked that all future applicants be set up on a waiting list.  
>> Our goal is to have 25 solid. All students over that number will be  
>> moved to the  
>> 9/19

> start. My question to you would be is there a cap that you want  
>> placed on the September class. I know you have generously allowed us  
>> to have an additional start date; likewise, I don't want to  
>> jeopardize our externs.  
>> Please let me know what your feelings are towards the number.

>>

>>

>

>

> Colleen Leard TS-C, EDU

> Surgical Technology Program Coordinator Star Technical Institute

> 732-598-9376 cell

> 732-359-1505 fax

>

>

>

> Sent from my Verizon Wireless BlackBerry

Colleen Leard TS-C, EDU  
Surgical Technology Program Coordinator  
Star Technical Institute  
732-598-9376 cell  
732-359-1505 fax

Rich Lincoln

---

From: Michele Mumma [mmumma@careeracademyny.edu]  
Sent: Monday, November 29, 2010 5:23 PM  
To: 'Rich Lincoln'  
Subject: RE: When you return schedule...

Just take your time and when you come back you need to be there. It is the way it needs to be. When I was in start up way back when, you had to be at the campus until it could function on its own. This is exactly that.

Michele D. Mumma  
VP of Sales and Marketing  
Star Career Academy

mmumma@careeracademyny.edu  
732.977.3432 cell

-----Original Message-----

From: Rich Lincoln [mailto:rlincoln@careeracademyny.edu]  
Sent: Monday, November 29, 2010 5:21 PM  
To: 'Michele Mumma'  
Subject: RE: When you return schedule...

I don't understand this. I had reviewed everything with Janie. She has notes on everything that was covered. How can she need direction?

According to the email I received from her today, they only had two leads.

I have several emails from her last week and her only concern was the need to set up offices and find someone to clean. Even the front desk had training. Please explain this to me...

-----Original Message-----

From: Michele Mumma [mailto:mmumma@careeracademyny.edu]  
Sent: Monday, November 29, 2010 5:00 PM  
To: rlincoln@careeracademyny.edu  
Subject: RE: When you return schedule...

They need direction. They didn't use the flash last week?? I just walked them through it. I have to work on the budgets and cant do spend time with them.

Michele D. Mumma



VP of Sales and Marketing  
Star Career Academy

mmumma@careeracademyny.edu  
732.977.3432 cell

-----Original Message-----

From: rlincoln@careeracademyny.edu [mailto:rlincoln@careeracademyny.edu]  
Sent: Monday, November 29, 2010 4:51 PM  
To: Michele Mumma  
Subject: Re: When you return schedule...

Of course. What is problem  
Sent via BlackBerry by AT&T

-----Original Message-----

From: "Michele Mumma" <mmumma@careeracademyny.edu>  
Date: Mon, 29 Nov 2010 16:17:04  
To: 'Rich Lincoln' <rlincoln@careeracademyny.edu>  
Subject: When you return schedule...

I need you to be in Norristown for the remainder of the week to make sure they are ok. There are/were some issues and I need you there please. I am sending Derrick there tomorrow.

Michele D. Mumma

VP of Sales and Marketing

Star Career Academy

<mailto:mmumma@careeracademyny.edu> mmumma@careeracademyny.edu

732.977.3432 cell

From: Rich Lincoln <rlincoln@careeracademyny.edu>  
To: rhldragon <rhldragon@aol.com>  
Subject: FW: [REDACTED]  
Date: Mon, Feb 7, 2011 7:11 pm

-----Original Message-----

From: Colleen Leard [<mailto:cleard@careeracademyny.edu>]  
Sent: Wednesday, June 09, 2010 12:00 PM  
To: [rlincoln@careeracademyny.edu](mailto:rlincoln@careeracademyny.edu)  
Subject: [REDACTED]

Hi - I spoke to [REDACTED] and reassured her that we have been in contact with her site in Eatontown, and will hopefully have a start date for her by Friday. I also told her regarding her dad's concern with the amount of travel - that if we have something open up closer we would do what we can to move her closer. I'll keep you in the loop..

Also, we have arranged coverage for ST throught the end of Next week (of the 14th).. I spoke to Lou, and he let Kelli know..

Give me a call if you have any questions,  
Thanks!!

Colleen

Colleen Leard TS-C, Edu  
Regional Director of Clinical Programs  
Star Career Academy  
732-598-9376 cell  
732-359-1505 fax

"Tell me and I forget..  
Teach me and I remember..  
Involve me and I learn."  
Benjamin Franklin

From: Rich Lincoln <rlincoln@careeracademyny.edu>

To: rhldragon <rhldragon@aol.com>

Subject: FW: [REDACTED]

Date: Sun, Feb 27, 2011 8:55 pm

-----Original Message-----

From: Colleen Leard [mailto:cleard@careeracademyny.edu]

Sent: Monday, June 14, 2010 11:38 AM

To: Rich Lincoln

Subject: Re: [REDACTED]

You asked me to call [REDACTED], which I did; and you said you were calling her Dad back that day. Would you like me to call him? I spoke to her that day as I told you I would..

> I just wanted to remind you that [REDACTED]'s father, [REDACTED], is  
> waiting  
> for someone to contact him regarding his daughter's extern. As stated in  
> my  
> previous email, he is looking for a definitive date that she is going to  
> start. He has additional questions that I'm sure he will want answers to  
> if  
> we do not get her placed soon. His phone number is Day [REDACTED] or  
> Eve  
> [REDACTED]  
>  
>  
>  
> Richard Lincoln  
>  
> Regional Director of Admissions  
>  
> Star Career Academy  
>  
> 856-719-0300  
>  
> [rlincoln@careeracademyny.edu](mailto:rlincoln@careeracademyny.edu)  
>  
>  
>  
>

Colleen Leard TS-C, Edu  
Regional Director of Clinical Programs  
Star Career Academy  
732-598-9376 cell  
732-359-1505 fax

"Tell me and I forget..  
Teach me and I remember..  
Involve me and I learn."  
Benjamin Franklin



From: Rich Lincoln <rlincoln@careeracademyny.edu>  
To: rhldragon <rhldragon@aol.com>  
Subject: FW: [REDACTED]  
Date: Sun, Feb 27, 2011 5:31 pm

-----Original Message-----

From: [lhervath@careeracademyny.edu](mailto:lhervath@careeracademyny.edu) [<mailto:lhervath@careeracademyny.edu>]  
Sent: Monday, June 14, 2010 2:09 PM  
To: Mike Iannacone; Rich Lincoln  
Cc: [kdoherty@careeracademyny.edu](mailto:kdoherty@careeracademyny.edu); Toni Castillo; [cleard@careeracademyny.edu](mailto:cleard@careeracademyny.edu)  
Subject: Re: [REDACTED]

Mike,  
Thanks, but all is under control.  
Regards, Lou

-----Original Message-----

From: Mike Iannacone  
To: Rich Lincoln  
Cc: 'Lou Horvath'  
Cc: [kdoherty@careeracademyny.edu](mailto:kdoherty@careeracademyny.edu)  
Cc: Toni Castillo  
Cc: [cleard@careeracademyny.edu](mailto:cleard@careeracademyny.edu)  
Subject: Re: [REDACTED]  
Sent: Jun 14, 2010 1:50 PM

Lou--Do you need anything from me?

Quoting Rich Lincoln <[rlincoln@careeracademyny.edu](mailto:rlincoln@careeracademyny.edu)>:

> I just wanted to remind you that [REDACTED] father, [REDACTED], is  
> waiting  
> for someone to contact him regarding his daughter's extern. As stated in  
> my  
> previous email, he is looking for a definitive date that she is going to  
> start. He has additional questions that I'm sure he will want answers to  
> if  
> we do not get her placed soon. His phone number is Day [REDACTED] or  
> Eve  
> [REDACTED]  
>  
>  
>  
> Richard Lincoln  
>  
> Regional Director of Admissions  
>  
> Star Career Academy  
>  
> 856-719-0300

>  
> [rlincoln@careeracademyny.edu](mailto:rlincoln@careeracademyny.edu)  
>  
>  
>  
>

---

Michael R. Iannacone

President/CEO

Star Academy

Suite 101A

175 Cross Keys Rd.

Berlin, NJ 08009

Office: 800-659-7827

Cell: 267-241-9062

Sent from my Verizon Wireless BlackBerry

From: Rich Lincoln <rlincoln@careeracademyny.edu>

To: rhldragon <rhldragon@aol.com>

Subject: FW: student update

Date: Sun, Feb 27, 2011 5:33 pm

-----Original Message-----

From: [tcastillo@careeracademyny.edu](mailto:tcastillo@careeracademyny.edu) [<mailto:tcastillo@careeracademyny.edu>]

Sent: Monday, June 21, 2010 1:01 PM

To: Colleen Leard; Kelly Doherty

Cc: Richard Lincoln

Subject: Re: student update

Thank you Colleen.

-----Original Message-----

From: Colleen Leard

To: Kelly Doherty

Cc: Colleen Leard

Cc: [tcastillo@careeracademyny.edu](mailto:tcastillo@careeracademyny.edu)

Cc: Richard Lincoln

Subject: Re: student update

Sent: Jun 21, 2010 12:42 PM

I had a conference call with [REDACTED] her dad, Rich and Toni on Friday. They were promised a call back by tomorrow, with some resolution. I have a request into Pennsauken for her, where students finished last week. I'll keep you in the loop.

Colleen

> Hi Colleen,

>

> I am looking for an update on [REDACTED]. Last email we were told

> that

> [REDACTED] would be on site in a few weeks. Can you please update me with the

> status of this extern and when and where she will be doing her externship?

>

> Thank you,

>

>

>

> Kelly Doherty

>

> Executive Director

>

> Star Career Academy, Egg Harbor

>

> 3003 English Creek Avenue, Suite 212

>

> Egg Harbor Township, NJ 08234

>

> (609) 407-2999

>

> fax (609) 646-9472

>

>

>

>

Colleen Leard TS-C, Edu



From: Rich Lincoln <rlincoln@careeracademyny.edu>

To: rhldragon <rhldragon@aol.com>

Subject: FW: [REDACTED]

Date: Sun, Feb 27, 2011 9:00 pm

-----Original Message-----

From: Colleen Leard [<mailto:cleard@careeracademyny.edu>]

Sent: Wednesday, June 23, 2010 10:57 AM

To: [tcastillo@careeracademyny.edu](mailto:tcastillo@careeracademyny.edu); [rlincoln@careeracademyny.edu](mailto:rlincoln@careeracademyny.edu)

Subject: [REDACTED]

I left a message on the [REDACTED]'s home voice mail last night for her to please call me regarding her placement. She returned my call this morning, at 10:45 am, and I let her know I have been promised a response from DaVita on the Pennsauken spot by COB today.

I also let her know I have a request into Kennedy Health System for a position they have available as a Dialysis Technician at their Washington Township location. This is approximately 37 miles from her home. She said she would be happy with either assignment. She will call me back at 6pm tonight for an update. I asked her to let her father know we spoke, and he should please call me if he has any questions. I absolutely believe I was being recorded.

Colleen

Colleen Leard TS-C, Edu  
Regional Director of Clinical Programs  
Star Career Academy  
732-598-9376 cell  
732-359-1505 fax

"Tell me and I forget..  
Teach me and I remember..  
Involve me and I learn."  
Benjamin Franklin

From: Rich Lincoln <rlincoln@careeracademyny.edu>

To: rhldragon <rhldragon@aol.com>

Subject: FW: [REDACTED]

Date: Sun, Feb 27, 2011 9:02 pm

-----Original Message-----

From: Toni Castillo [<mailto:tcastillo@careeracademyny.edu>]

Sent: Friday, June 25, 2010 1:55 PM

To: 'Colleen Leard'; [mmumma@careeracademy.ny](mailto:mmumma@careeracademy.ny); [rlincoln@careeracademyny.edu](mailto:rlincoln@careeracademyny.edu)

Subject: RE: [REDACTED]

Thank you Colleen for following through on this for Diana!

-----Original Message-----

From: Colleen Leard [<mailto:cleard@careeracademyny.edu>]

Sent: Friday, June 25, 2010 1:51 PM

To: [mmumma@careeracademy.ny](mailto:mmumma@careeracademy.ny); [rlincoln@careeracademyny.edu](mailto:rlincoln@careeracademyny.edu)

Cc: [tcastillo@careeracademyny.edu](mailto:tcastillo@careeracademyny.edu)

Subject: [REDACTED]

I wanted to let you know that [REDACTED] has accepted the assignment of Pennsauken for externship. Pennsauken is a DaVita facility that requires our students to complete 500 hours of externship. I let Diana know this, and she is actually excited to be able to have the opportunity for more clinical experience. She will be interviewed with DaVita Monday or Tuesday. I told her to call me if she doesn't hear from them by COB Tuesday. Please let me know if you have any further questions.

Colleen

Colleen Leard TS-C, Edu  
Regional Director of Clinical Programs  
Star Career Academy  
732-598-9376 cell  
732-359-1505 fax

"Tell me and I forget..  
Teach me and I remember..  
Involve me and I learn."  
Benjamin Franklin

Regional Director of Clinical Programs  
Star Career Academy  
732-598-9376 cell  
732-359-1505 fax

---

"Tell me and I forget..  
Teach me and I remember..  
Involve me and I learn."  
Benjamin Franklin

Toni Castillo  
Mobile Response



## NEW JERSEY DEPARTMENTS OF EDUCATION &amp; LABOR and WORKFORCE DEVELOPMENT

## SECTION J

**CAREFULLY READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM**  
**COMPLETE ONLY ONE FORM PER PROGRAM TITLE**  
**THIS FORM MAY NOT BE MODIFIED.**

SCHOOL: Star Career Academy

ADDRESS: 1225-31 Main Avenue, Clifton, NJ 07011-2241

TELEPHONE NUMBER: 973-928-1700

FAX NUMBER: 973-928-1701

E-MAIL ADDRESS: LHorvath@CareerAcademyNY.edu

DIRECTOR: Louis D. Horvath

COUNTY: Passaic

FEDERAL ID. NO: 03380303

Status: New/ Modified/ Current	Program Title	Industry Partnershi p Number	CIP Code	Hours of Instruction	Tuition	Admin. Fees	Text Book Fees	Tool/ Supply Fees	Test/ Licensing/ Inoculation Fees	Other	Total
Modified	Dialysis Technician		51.1011	900	16106	N/A	311	92	N/A	925	17434

## MODIFICATIONS SUBMITTED TO DOE

## MODIFICATIONS SUBMITTED TO LWD

**PROGRAM DESCRIPTION:** FOR EACH NEW PROGRAM, MODIFIED CURRICULUM, OR CHANGE IN CIP CODE, YOU MUST PROVIDE THE PROGRAM DESCRIPTION AS IT WILL BE ENTERED ON THE ELIGIBLE TRAINING PROVIDER LIST AND IN THE SCHOOL CATALOG. LIMIT THE DESCRIPTION TO NO MORE THAN 250 WORDS. **DO NOT INCLUDE ANYTHING OTHER THAN THE PROGRAM DESCRIPTION IN THIS SPACE.**

*The Dialysis Technician Program is designed to provide the student with the didactic training in theoretical and clinical areas necessary for entry level employment in the health care specialty of nephrology.*

*As part of the program, students will complete a clinical capstone course that is designed to simulate the daily operation of a renal dialysis unit, as well as a certification review course that will prepare students to sit for the BONENT Certified Hemodialysis Technologist/Technician examination.*

*Employment opportunities are available in hospital centers, outpatient maintenance dialysis centers, transplant centers, and other health care agencies utilizing a dialysis unit, as well as nephrology offices.*

*\*Explain all modifications and entries in the "Other" column: DOE – Removed 300 hour externship ((DIA-EXT) and replaced it with the following three courses: PHL 101 (Phlebotomy 120 hours, 5.0 credits), DIA 906 (Clinical & Professional Practicum (120 hours, 5.0 credits) and DIA 907 Certification Preparation & Review (60 hours, 3.0 credits). Total program hours remains at 900 hours. While no changes have been made to course content, the number of credits for DIA 903 and DIA 905 have been rounded down to reflect new accreditation standards requiring .5 increments. Specifically, DIA 903 goes from 7.7 credits down to 7.5 credits and DIA 905 goes from 4.7 down to 4.5 credits. New program credit total is now 46 credits up from 40 credits.*

REVIEWED BY:

*Kathleen M. Alexander*  
 CURRICULUM SPECIALIST DATE

*March 4, 2010*

COEI

DATE

PROGRAM SPECIALIST

DATE

*17*

## NEW JERSEY DEPARTMENTS OF EDUCATION &amp; LABOR and WORKFORCE DEVELOPMENT

## SECTION J

**CAREFULLY READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM**  
**COMPLETE ONLY ONE FORM PER PROGRAM TITLE**  
**THIS FORM MAY NOT BE MODIFIED.**

SCHOOL: Star Career Academy

ADDRESS: 3003 English Creek Avenue, Suite 212, Egg Harbor Township, NJ 08234

TELEPHONE NUMBER: 609-407-2999

FAX NUMBER: 609-646-9472

E-MAIL ADDRESS: KMSmith@CareerAcademyNY.edu

DIRECTOR: Kelly M. Smith

COUNTY: Atlantic

FEDERAL ID. NO: 00780402

Status: New/ Modified/ Current	Program Title	Industry Partnershi p Number	CIP Code	Hours of Instruction	Tuition	Admin. Fees	Text Book Fees	Tool/ Supply Fees	Test/ Licensing/ Inoculation Fees	Other	Total
Modified	Dialysis Technician		51.1011	900	16106	N/A	311	92	N/A	925	17434

## MODIFICATIONS SUBMITTED TO DOE

## MODIFICATIONS SUBMITTED TO LWD

**PROGRAM DESCRIPTION:** FOR EACH NEW PROGRAM, MODIFIED CURRICULUM, OR CHANGE IN CIP CODE, YOU MUST PROVIDE THE PROGRAM DESCRIPTION AS IT WILL BE ENTERED ON THE ELIGIBLE TRAINING PROVIDER LIST AND IN THE SCHOOL CATALOG. LIMIT THE DESCRIPTION TO NO MORE THAN 250 WORDS. DO NOT INCLUDE ANYTHING OTHER THAN THE PROGRAM DESCRIPTION IN THIS SPACE.

*The Dialysis Technician Program is designed to provide the student with the didactic training in theoretical and clinical areas necessary for entry level employment in the health care specialty of nephrology.*

*As part of the program, students will complete a clinical capstone course that is designed to simulate the daily operation of a renal dialysis unit, as well as a certification review course that will prepare students to sit for the BONENT Certified Hemodialysis Technologist/Technician examination.*

*Employment opportunities are available in hospital centers, outpatient maintenance dialysis centers, transplant centers, and other health care agencies utilizing a dialysis unit, as well as nephrology offices.*

*\*Explain all modifications and entries in the "Other" column: DOE – Removed 300 hour externship ((DIA-EXT) and replaced it with the following three courses: PHL 101 (Phlebotomy 120 hours, 5.0 credits), DIA 906 (Clinical & Professional Practicum (120 hours, 5.0 credits) and DIA 907 Certification Preparation & Review (60 hours, 3.0 credits). Total program hours remains at 900 hours. While no changes have been made to course content, the number of credits for DIA 903 and DIA 905 have been rounded down to reflect new accreditation standards requiring .5 increments. Specifically, DIA 903 goes from 7.7 credits down to 7.5 credits and DIA 905 goes from 4.7 down to 4.5 credits. New program credit total is now 46 credits up from 40 credits.*

REVIEWED BY:

CURRICULUM SPECIALIST

DATE

COEI

DATE

PROGRAM SPECIALIST

DATE

*Kathleen M. Alexander*  
*March 4, 2010*

## NEW JERSEY DEPARTMENTS OF EDUCATION &amp; LABOR and WORKFORCE DEVELOPMENT

## SECTION J

**CAREFULLY READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM**  
**COMPLETE ONLY ONE FORM PER PROGRAM TITLE**  
**THIS FORM MAY NOT BE MODIFIED.**

SCHOOL: Star Career Academy

ADDRESS: 550 Broad Street, 2<sup>nd</sup> FL, Newark, NJ 07102

TELEPHONE NUMBER: 973-639-0789

FAX NUMBER: 973-639-0795

E-MAIL ADDRESS: CHughes@CareerAcademyNY.edu

DIRECTOR: Cory Hughes

COUNTY: Essex

FEDERAL ID. NO: 03380302

Status: New/ Modified/ Current	Program Title	Industry Partnership Number	CIP Code	Hours of Instruction	Tuition	Admin Fees	Text Book Fees	Tool/ Supply Fees	Test/ Licensing/ Inoculation Fees	Other	Total
Modified	Dialysis Technician		51.1011	900	16106	N/A	311	92	N/A	925	17434

## MODIFICATIONS SUBMITTED TO DOE

## MODIFICATIONS SUBMITTED TO LWD

**PROGRAM DESCRIPTION:** FOR EACH NEW PROGRAM, MODIFIED CURRICULUM, OR CHANGE IN CIP CODE, YOU MUST PROVIDE THE PROGRAM DESCRIPTION AS IT WILL BE ENTERED ON THE ELIGIBLE TRAINING PROVIDER LIST AND IN THE SCHOOL CATALOG. LIMIT THE DESCRIPTION TO NO MORE THAN 250 WORDS. DO NOT INCLUDE ANYTHING OTHER THAN THE PROGRAM DESCRIPTION IN THIS SPACE.

*The Dialysis Technician Program is designed to provide the student with the didactic training in theoretical and clinical areas necessary for entry level employment in the health care specialty of nephrology.*

*As part of the program, students will complete a clinical capstone course that is designed to simulate the daily operation of a renal dialysis unit, as well as a certification review course that will prepare students to sit for the BONENT Certified Hemodialysis Technologist/Technician examination.*

*Employment opportunities are available in hospital centers, outpatient maintenance dialysis centers, transplant centers, and other health care agencies utilizing a dialysis unit, as well as nephrology offices.*

*\*Explain all modifications and entries in the "Other" column: DOE – Removed 300 hour externship ((DIA-EXT) and replaced it with the following three courses: PHL 101 (Phlebotomy 120 hours, 5.0 credits), DIA 906 (Clinical & Professional Practicum (120 hours, 5.0 credits) and DIA 907 Certification Preparation & Review (60 hours, 3.0 credits). Total program hours remains at 900 hours. While no changes have been made to course content, the number of credits for DIA 903 and DIA 905 have been rounded down to reflect new accreditation standards requiring .5 increments. Specifically, DIA 903 goes from 7.7 credits down to 7.5 credits and DIA 905 goes from 4.7 down to 4.5 credits. New program credit total is now 46 credits up from 40 credits.*

REVIEWED BY:

CURRICULUM SPECIALIST

DATE

COEI

DATE

PROGRAM SPECIALIST

DATE

*Natalie M. Alexander*  
*March 4, 2010*



## NEW JERSEY DEPARTMENTS OF EDUCATION &amp; LABOR and WORKFORCE DEVELOPMENT

## SECTION J

**CAREFULLY READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM**  
**COMPLETE ONLY ONE FORM PER PROGRAM TITLE**  
**THIS FORM MAY NOT BE MODIFIED.**

SCHOOL: Star Career Academy

ADDRESS: 150 Brick Boulevard, Brick, NJ 08723

TELEPHONE NUMBER: 732-451-9710

FAX NUMBER: 732-451-9720

E-MAIL ADDRESS: BRockower@CareerAcademyNY.edu

DIRECTOR: Betty M. Rockower

COUNTY: Ocean

FEDERAL ID. NO: 00780401

Status: New/ Modified/ Current	Program Title	Industry Partnershi p Number	CIP Code	Hours of Instruction	Tuition	Admin. Fees	Text Book Fees	Tool/ Supply Fees	Test/ Licensing/ Inoculation Fees	Other	Total
Modified	Dialysis Technician		51.1011	900	16106	N/A	311	92	N/A	925	17434

## MODIFICATIONS SUBMITTED TO DOE

## MODIFICATIONS SUBMITTED TO LWD

**PROGRAM DESCRIPTION:** FOR EACH NEW PROGRAM, MODIFIED CURRICULUM, OR CHANGE IN CIP CODE, YOU MUST PROVIDE THE PROGRAM DESCRIPTION AS IT WILL BE ENTERED ON THE ELIGIBLE TRAINING PROVIDER LIST AND IN THE SCHOOL CATALOG. LIMIT THE DESCRIPTION TO NO MORE THAN 250 WORDS. **DO NOT INCLUDE ANYTHING OTHER THAN THE PROGRAM DESCRIPTION IN THIS SPACE.**

*The Dialysis Technician Program is designed to provide the student with the didactic training in theoretical and clinical areas necessary for entry level employment in the health care specialty of nephrology.*

*As part of the program, students will complete a clinical capstone course that is designed to simulate the daily operation of a renal dialysis unit, as well as a certification review course that will prepare students to sit for the BONENT Certified Hemodialysis Technologist/Technician examination.*

*Employment opportunities are available in hospital centers, outpatient maintenance dialysis centers, transplant centers, and other health care agencies utilizing a dialysis unit, as well as nephrology offices.*

*\*Explain all modifications and entries in the "Other" column: DOE – Removed 300 hour externship ((DIA-EXT) and replaced it with the following three courses: PHL 101 (Phlebotomy 120 hours, 5.0 credits), DIA 906 (Clinical & Professional Practicum (120 hours, 5.0 credits) and DIA 907 Certification Preparation & Review (60 hours, 3.0 credits). Total program hours remains at 900 hours. While no changes have been made to course content, the number of credits for DIA 903 and DIA 905 have been rounded down to reflect new accreditation standards requiring .5 increments. Specifically, DIA 903 goes from 7.7 credits down to 7.5 credits and DIA 905 goes from 4.7 down to 4.5 credits. New program credit total is now 46 credits up from 40 credits.*

REVIEWED BY:

*Betty M. Rockower*  
 CURRICULUM SPECIALIST DATE  
 NJDOE *March 4, 2010*

COEI  
 NJLWD

DATE

PROGRAM SPECIALIST  
 NJLWD

DATE

## UNITED STATES DISTRICT COURT

Under Seal

FOR THE EASTERN DISTRICT OF PENNSYLVANIA — DESIGNATION FORM to be used by counsel to indicate the category of the case for the purpose of assignment to appropriate calendar.

11 3160

Address of Plaintiff: 1606 Snowberry Drive, Williams town, NJ 08094

Address of Defendant: Quad Partners - 570 Lexington Ave. 36<sup>th</sup> Floor, NY, NY 10022; Star Career Academy - Centennial Center, Suite 105, 175 Cross Keys Rd., Berlin, NJ 08009-9908

Place of Accident, Incident or Transaction: PA &amp; NJ

(Use Reverse Side For Additional Space)

Does this civil action involve a nongovernmental corporate party with any parent corporation and any publicly held corporation owning 10% or more of its stock?

(Attach two copies of the Disclosure Statement Form in accordance with Fed.R.Civ.P. 7.1(a))

Yes ☐No ☒

Does this case involve multidistrict litigation possibilities?

Yes ☐No ☒

RELATED CASE, IF ANY:

Case Number: Judge

Date Terminated:

Civil cases are deemed related when yes is answered to any of the following questions:

1. Is this case related to property included in an earlier numbered suit pending or within one year previously terminated action in this court?

Yes ☐ No ☒

2. Does this case involve the same issue of fact or grow out of the same transaction as a prior suit pending or within one year previously terminated action in this court?

Yes ☐ No ☒

3. Does this case involve the validity or infringement of a patent already in suit or any earlier numbered case pending or within one year previously terminated action in this court?

Yes ☐ No ☒

4. Is this case a second or successive habeas corpus, social security appeal, or pro se civil rights case filed by the same individual?

Yes ☐ No ☒

CIVIL: (Place ✓ in ONE CATEGORY ONLY)

A. Federal Question Cases:

1. ☐ Indemnity Contract, Marine Contract, and All Other Contracts
2. ☐ FELA
3. ☐ Jones Act-Personal Injury
4. ☐ Antitrust
5. ☐ Patent
6. ☐ Labor-Management Relations
7. ☐ Civil Rights
8. ☐ Habeas Corpus
9. ☐ Securities Act(s) Cases
10. ☐ Social Security Review Cases
11. ☒ All other Federal Question Cases

(Please specify) 31 U.S.C. 3729 &amp; 3730

B. Diversity Jurisdiction Cases:

1. ☐ Insurance Contract and Other Contracts
2. ☐ Airplane Personal Injury
3. ☐ Assault, Defamation
4. ☐ Marine Personal Injury
5. ☐ Motor Vehicle Personal Injury
6. ☐ Other Personal Injury (Please specify)
7. ☐ Products Liability
8. ☐ Products Liability — Asbestos
9. ☐ All other Diversity Cases

(Please specify)

## ARBITRATION CERTIFICATION

(Check Appropriate Category)

I, Marc M. Oriow, Esquire, counsel of record do hereby certify:

- ☐ Pursuant to Local Civil Rule 53.2, Section 3(c)(2), that to the best of my knowledge and belief, the damages recoverable in this civil action case exceed the sum of \$150,000.00 exclusive of interest and costs;
- ☐ Relief other than monetary damages is sought.

DATE: 5/12/11

Marc M. Oriow, Esquire

31356

Attorney-at-Law

Attorney I.D.#

NOTE: A trial de novo will be a trial by jury only if there has been compliance with F.R.C.P. 38.

I certify that, to my knowledge, the within case is not related to any case now pending or within one year previously terminated action in this court except as noted above.

DATE: 5/12/11

Attorney-at-Law

31356

Attorney I.D.#

CIV. 609 (6/08)

MAY 12 2011

PD

**IN THE UNITED STATES DISTRICT COURT  
FOR THE EASTERN DISTRICT OF PENNSYLVANIA**  
**CASE MANAGEMENT TRACK DESIGNATION FORM**

Richard Lincoln, in the name of the U.S.  
Government Pursuant to the False Claims Act,  
31 U.S.C. Section 3720

CIVIL ACTION NO.

*Under Seal*

v.  
Quad Partners & Star Career Academy

11 3160

In accordance with the Civil Justice Expense and Delay Reduction Plan of this court, counsel for plaintiff shall complete a Case Management Track Designation Form in all civil cases at the time of filing the complaint and serve a copy on all defendants. (See § 1:03 of the plan set forth on the reverse side of this form.) In the event that a defendant does not agree with the plaintiff regarding said designation, that defendant shall, with its first appearance, submit to the clerk of court and serve on the plaintiff and all other parties, a Case Management Track Designation Form specifying the track to which that defendant believes the case should be assigned.

**SELECT ONE OF THE FOLLOWING CASE MANAGEMENT TRACKS:**

- (a) Habeas Corpus – Cases brought under 28 U.S.C. § 2241 through § 2255. ( )
- (b) Social Security – Cases requesting review of a decision of the Secretary of Health and Human Services denying plaintiff Social Security Benefits. ( )
- (c) Arbitration – Cases required to be designated for arbitration under Local Civil Rule 53.2. ( )
- (d) Asbestos – Cases involving claims for personal injury or property damage from exposure to asbestos. ( )
- (e) Special Management – Cases that do not fall into tracks (a) through (d) that are commonly referred to as complex and that need special or intense management by the court. (See reverse side of this form for a detailed explanation of special management cases.) (X)
- (f) Standard Management – Cases that do not fall into any one of the other tracks. ( )

May 12, 2011

Marc M. Orlow, Esquire

Richard Lincoln

Date

Attorney-at-law

Attorney for

856-428-6020

856-428-5485

Lawpi@aol.com

Telephone

FAX Number

E-Mail Address

(Civ. 660) 10/02

MAY 12 2011



**Civil Justice Expense and Delay Reduction Plan  
Section 1:03 - Assignment to a Management Track**

- (a) The clerk of court will assign cases to tracks (a) through (d) based on the initial pleading.
- (b) In all cases not appropriate for assignment by the clerk of court to tracks (a) through (d), the plaintiff shall submit to the clerk of court and serve with the complaint on all defendants a case management track designation form specifying that the plaintiff believes the case requires Standard Management or Special Management. In the event that a defendant does not agree with the plaintiff regarding said designation, that defendant shall, with its first appearance, submit to the clerk of court and serve on the plaintiff and all other parties, a case management track designation form specifying the track to which that defendant believes the case should be assigned.
- (c) The court may, on its own initiative or upon the request of any party, change the track assignment of any case at any time.
- (d) Nothing in this Plan is intended to abrogate or limit a judicial officer's authority in any case pending before that judicial officer, to direct pretrial and trial proceedings that are more stringent than those of the Plan and that are designed to accomplish cost and delay reduction.
- (e) Nothing in this Plan is intended to supersede Local Civil Rules 40.1 and 72.1, or the procedure for random assignment of Habeas Corpus and Social Security cases referred to magistrate judges of the court.

**SPECIAL MANAGEMENT CASE ASSIGNMENTS  
(See §1.02 (e) Management Track Definitions of the  
Civil Justice Expense and Delay Reduction Plan)**

Special Management cases will usually include that class of cases commonly referred to as "complex litigation" as that term has been used in the Manuals for Complex Litigation. The first manual was prepared in 1969 and the Manual for Complex Litigation Second, MCL 2d was prepared in 1985. This term is intended to include cases that present unusual problems and require extraordinary treatment. See §0.1 of the first manual. Cases may require special or intense management by the court due to one or more of the following factors: (1) large number of parties; (2) large number of claims or defenses; (3) complex factual issues; (4) large volume of evidence; (5) problems locating or preserving evidence; (6) extensive discovery; (7) exceptionally long time needed to prepare for disposition; (8) decision needed within an exceptionally short time; and (9) need to decide preliminary issues before final disposition. It may include two or more related cases. Complex litigation typically includes such cases as antitrust cases; cases involving a large number of parties or an unincorporated association of large membership; cases involving requests for injunctive relief affecting the operation of large business entities; patent cases; copyright and trademark cases; common disaster cases such as those arising from aircraft crashes or marine disasters; actions brought by individual stockholders; stockholder's derivative and stockholder's representative actions; class actions or potential class actions; and other civil (and criminal) cases involving unusual multiplicity or complexity of factual issues. See §0.22 of the first Manual for Complex Litigation and Manual for Complex Litigation Second, Chapter 33.

JS 44 (Rev. 12/07, NT 5/08)

**CIVIL COVER SHEET**

The JS 44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON THE REVERSE OF THE FORM.)

**I. (a) PLAINTIFFS**

Richard Lincoln in the Name of the United States Government  
Pursuant to the False Claims Act

(b) County of Residence of First Listed Plaintiff Gloucester County

(c) Attorney's (Firm Name, Address, Telephone Number and Email Address)

Begelman, Orlow & Melletz  
411 Rt. 70 East, Suite 245  
Cherry Hill, New Jersey 08034  
856-428-6020

LawPI@aol.com

**DEFENDANTS**

Quad Partners & Star Career Academy

County of Residence of First Listed Defendant New York, New York

NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE LAND INVOLVED.

Attorneys (If Known)

**II. BASIS OF JURISDICTION** (Place an "X" in One Box Only)

- ☒ 1 U.S. Government Plaintiff
- ☐ 2 U.S. Government Defendant
- ☐ 3 Federal Question (U.S. Government Not a Party)
- ☐ 4 Diversity (Indicate Citizenship of Parties in Item III)

**III. CITIZENSHIP OF PRINCIPAL PARTIES** (Place an "X" in One Box for Plaintiff and One Box for Defendant)

- |   |                            |                            |   |                            |                            |
|---|----------------------------|----------------------------|---|----------------------------|----------------------------|
|   | PTF                        | DEF                        |   | PTF                        | DEF                        |
| Citizen of This State                   | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | Incorporated or Principal Place of Business In This State     | <input type="checkbox"/> 4 | <input type="checkbox"/> 4 |
| Citizen of Another State                | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | Incorporated and Principal Place of Business In Another State | <input type="checkbox"/> 5 | <input type="checkbox"/> 5 |
| Citizen or Subject of a Foreign Country | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 | Foreign Nation  | <input type="checkbox"/> 6 | <input type="checkbox"/> 6 |

**IV. NATURE OF SUIT** (Place an "X" in One Box Only)

CONTRACT	TORTS	FORFEITURE/PENALTY	BANKRUPTCY	OTHER STATUTES
<input type="checkbox"/> 110 Insurance <input type="checkbox"/> 120 Marine <input type="checkbox"/> 130 Miller Act <input type="checkbox"/> 140 Negotiable Instrument <input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment <input type="checkbox"/> 151 Medicare Act <input type="checkbox"/> 152 Recovery of Defaulted Student Loans (Excl. Veterans) <input type="checkbox"/> 153 Recovery of Overpayment of Veteran's Benefits <input type="checkbox"/> 160 Stockholders' Suits <input type="checkbox"/> 190 Other Contract <input type="checkbox"/> 195 Contract Product Liability <input type="checkbox"/> 196 Franchise	<b>PERSONAL INJURY</b> <input type="checkbox"/> 310 Airplane <input type="checkbox"/> 315 Airplane Product Liability <input type="checkbox"/> 320 Assault, Libel & Slander <input type="checkbox"/> 330 Federal Employers' Liability <input type="checkbox"/> 340 Marine <input type="checkbox"/> 345 Marine Product Liability <input type="checkbox"/> 350 Motor Vehicle <input type="checkbox"/> 355 Motor Vehicle Product Liability <input type="checkbox"/> 360 Other Personal Injury	<input type="checkbox"/> 362 Personal Injury - Med. Malpractice <input type="checkbox"/> 365 Personal Injury - Product Liability <input type="checkbox"/> 368 Asbestos Personal Injury Product Liability <b>PERSONAL PROPERTY</b> <input type="checkbox"/> 370 Other Fraud <input type="checkbox"/> 371 Truth in Lending <input type="checkbox"/> 380 Other Personal Property Damage <input type="checkbox"/> 385 Property Damage Product Liability	<input type="checkbox"/> 422 Appeal 28 USC 158 <input type="checkbox"/> 423 Withdrawal 28 USC 157 <b>PROPERTY RIGHTS</b> <input type="checkbox"/> 820 Copyrights <input type="checkbox"/> 830 Patent <input type="checkbox"/> 840 Trademark <b>SOCIAL SECURITY</b> <input type="checkbox"/> 861 HIA (1395ff) <input type="checkbox"/> 862 Black Lung (923) <input type="checkbox"/> 863 DIWC/DIWW (405(g)) <input type="checkbox"/> 864 SSID Title XVI <input type="checkbox"/> 865 RSI (405(g))	<input type="checkbox"/> 400 State Reapportionment <input type="checkbox"/> 410 Antitrust <input type="checkbox"/> 430 Banks and Banking <input type="checkbox"/> 450 Commerce <input type="checkbox"/> 460 Deportation <input type="checkbox"/> 470 Racketeer Influenced and Corrupt Organizations <input type="checkbox"/> 480 Consumer Credit <input type="checkbox"/> 490 Cable/Sat TV <input type="checkbox"/> 810 Selective Service <input type="checkbox"/> 850 Securities/Commodities/Exchange <input type="checkbox"/> 875 Customer Challenge 12 USC 3410 <input checked="" type="checkbox"/> 890 Other Statutory Actions <input type="checkbox"/> 891 Agricultural Acts <input type="checkbox"/> 892 Economic Stabilization Act <input type="checkbox"/> 893 Environmental Matters <input type="checkbox"/> 894 Energy Allocation Act <input type="checkbox"/> 895 Freedom of Information Act <input type="checkbox"/> 900 Appeal of Fee Determination Under Equal Access to Justice <input type="checkbox"/> 950 Constitutionality of State Statutes
<b>REAL PROPERTY</b> <input type="checkbox"/> 210 Land Condemnation <input type="checkbox"/> 220 Foreclosure <input type="checkbox"/> 230 Rent Lease & Ejectment <input type="checkbox"/> 240 Torts to Land <input type="checkbox"/> 245 Tort Product Liability <input type="checkbox"/> 290 All Other Real Property	<b>CIVIL RIGHTS</b> <input type="checkbox"/> 441 Voting <input type="checkbox"/> 442 Employment <input type="checkbox"/> 443 Housing/Accommodations <input type="checkbox"/> 444 Welfare <input type="checkbox"/> 445 Amer. w/Disabilities - Employment <input type="checkbox"/> 446 Amer. w/Disabilities - Other <input type="checkbox"/> 440 Other Civil Rights	<b>PRISONER PETITIONS</b> <input type="checkbox"/> 510 Motions to Vacate Sentence <b>Habeas Corpus:</b> <input type="checkbox"/> 530 General <input type="checkbox"/> 535 Death Penalty <input type="checkbox"/> 540 Mandamus & Other <input type="checkbox"/> 550 Civil Rights <input type="checkbox"/> 555 Prison Condition	<b>LABOR</b> <input type="checkbox"/> 710 Fair Labor Standards Act <input type="checkbox"/> 720 Labor/Mgmt. Relations <input type="checkbox"/> 730 Labor/Mgmt. Reporting & Disclosure Act <input type="checkbox"/> 740 Railway Labor Act <input type="checkbox"/> 790 Other Labor Litigation <input type="checkbox"/> 791 Empl. Ret. Inc. Security Act <b>IMMIGRATION</b> <input type="checkbox"/> 462 Naturalization Application <input type="checkbox"/> 463 Habeas Corpus - Alien Detainee <input type="checkbox"/> 465 Other Immigration Actions	<b>FEDERAL TAX SUITS</b> <input type="checkbox"/> 870 Taxes (U.S. Plaintiff or Defendant) <input type="checkbox"/> 871 IRS—Third Party 26 USC 7609

**V. ORIGIN** (Place an "X" in One Box Only)

- ☒ 1 Original Proceeding
- ☐ 2 Removed from State Court
- ☐ 3 Remanded from Appellate Court
- ☐ 4 Reinstated or Reopened
- ☐ 5 Transferred from another district (specify)
- ☐ 6 Multidistrict Litigation
- ☐ 7 Appeal to District Judge from Magistrate Judgment

**VI. CAUSE OF ACTION**

Cite the U.S. Civil Statute under which you are filing. (Do not cite jurisdictional statutes unless diversity):

Qui Tam Complaint pursuant to Section 31 U.S.C. Title 3729 & 3730

Brief description of cause:

Violation of False Claims Act for failure to remit refunds due to the Federal Government

**VII. REQUESTED IN COMPLAINT:**

☐ CHECK IF THIS IS A CLASS ACTION UNDER F.R.C.P. 23

DEMAND \$

CHECK YES only if demanded in complaint:

JURY DEMAND: ☒ Yes ☐ No

**VIII. RELATED CASE(S)**

(See instructions):

JUDGE

DOCKET NUMBER

Explanation:

5/10/11

DATE

SIGNATURE OF ATTORNEY OF RECORD

05/10/2011

MAY 12 2011



**INSTRUCTIONS FOR ATTORNEYS COMPLETING CIVIL COVER SHEET FORM JS 44****Authority For Civil Cover Sheet**

The JS 44 civil cover sheet and the information contained herein neither replaces nor supplements the filings and service of pleading or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. Consequently, a civil cover sheet is submitted to the Clerk of Court for each civil complaint filed. The attorney filing a case should complete the form as follows:

**I. (a) Plaintiffs-Defendants.** Enter names (last, first, middle initial) of plaintiff and defendant. If the plaintiff or defendant is a government agency, use only the full name or standard abbreviations. If the plaintiff or defendant is an official within a government agency, identify first the agency and then the official, giving both name and title.

**(b) County of Residence.** For each civil case filed, except U.S. plaintiff cases, enter the name of the county where the first listed plaintiff resides at the time of filing. In U.S. plaintiff cases, enter the name of the county in which the first listed defendant resides at the time of filing. (NOTE: In land condemnation cases, the county of residence of the "defendant" is the location of the tract of land involved.)

**(c) Attorneys.** Enter the firm name, address, telephone number, and attorney of record. If there are several attorneys, list them on an attachment, noting in this section "(see attachment)".

**II. Jurisdiction.** The basis of jurisdiction is set forth under Rule 8(a), F.R.C.P., which requires that jurisdictions be shown in pleadings. Place an "X" in one of the boxes. If there is more than one basis of jurisdiction, precedence is given in the order shown below.

United States plaintiff. (1) Jurisdiction based on 28 U.S.C. 1345 and 1348. Suits by agencies and officers of the United States are included here.

United States defendant. (2) When the plaintiff is suing the United States, its officers or agencies, place an "X" in this box.

Federal question. (3) This refers to suits under 28 U.S.C. 1331, where jurisdiction arises under the Constitution of the United States, an amendment to the Constitution, an act of Congress or a treaty of the United States. In cases where the U.S. is a party, the U.S. plaintiff or defendant code takes precedence, and box 1 or 2 should be marked.

Diversity of citizenship. (4) This refers to suits under 28 U.S.C. 1332, where parties are citizens of different states. When Box 4 is checked, the citizenship of the different parties must be checked. (See Section III below; federal question actions take precedence over diversity cases.)

**III. Residence (citizenship) of Principal Parties.** This section of the JS 44 is to be completed if diversity of citizenship was indicated above. Mark this section for each principal party.

**IV. Nature of Suit.** Place an "X" in the appropriate box. If the nature of suit cannot be determined, be sure the cause of action, in Section VI below, is sufficient to enable the deputy clerk or the statistical clerks in the Administrative Office to determine the nature of suit. If the cause fits more than one nature of suit, select the most definitive.

**V. Origin.** Place an "X" in one of the seven boxes.

Original Proceedings. (1) Cases which originate in the United States district courts.

Removed from State Court. (2) Proceedings initiated in state courts may be removed to the district courts under Title 28 U.S.C., Section 1441. When the petition for removal is granted, check this box.

Remanded from Appellate Court. (3) Check this box for cases remanded to the district court for further action. Use the date of remand as the filing date.

Reinstated or Reopened. (4) Check this box for cases reinstated or reopened in the district court. Use the reopening date as the filing date.

Transferred from Another District. (5) For cases transferred under Title 28 U.S.C. Section 1404(a). Do not use this for within district transfers or multidistrict litigation transfers.

Multidistrict Litigation. (6) Check this box when a multidistrict case is transferred into the district under authority of Title 28 U.S.C. Section 1407. When this box is checked, do not check (5) above.

Appeal to District Judge from Magistrate Judgment. (7) Check this box for an appeal from a magistrate judge's decision.

**VI. Cause of Action.** Report the civil statute directly related to the cause of action and give a brief description of the cause. **Do not cite jurisdictional statutes unless diversity.** Example: U.S. Civil Statute: 47 USC 553

Brief Description: Unauthorized reception of cable service

**VII. Requested in Complaint.** Class Action. Place an "X" in this box if you are filing a class action under Rule 23, F.R.Cv.P.

Demand. In this space enter the dollar amount (in thousands of dollars) being demanded or indicate other demand such as a preliminary injunction.

Jury Demand. Check the appropriate box to indicate whether or not a jury is being demanded.

**VIII. Related Cases.** This section of the JS 44 is used to reference related pending cases if any. If there are related pending cases, insert the docket numbers and the corresponding judge names for such cases. Provide a brief explanation of why the cases are related.

**Date and Attorney Signature.** Date and sign the civil cover sheet.



Case 2:11-cv-03160-PD Document 1-1 Filed 05/13/11 Page 72 of 72

DIST.	OFF.	YR.	NUMBER	MO	DAY	YEAR	N/S	D	F	F	F	F	\$ DEMAND	MAG. NO.	COUNTY	DEM.	YR. NUMBER
13	2	11	3160	5	13	11	1	890	1				Nearest \$1,000	J PD M	NJ	P	11 3160

PLAINTIFFS

DEFENDANTS

Richard Lincoln, In the name of the  
United States Government pursuant to the  
False Claims Act, 31 USC section 3730

Quad Partners  
Star Career Academy

CAUSE

(CITE THE U.S. CIVIL STATUTE UNDER WHICH THE CASE  
IS FILED AND WRITE A BRIEF STATEMENT OF CAUSE)  
Qui Tam Complaint pursuant to Section 31 USC  
Title 3729 & 3730

ATTORNEYS

Marc M. Orlow, Esq.  
Begelman, Orlow & Melletz  
411 Rt. 70 East, Suite 245  
Cherry Hill, NJ 08034  
856.428.6020  
LawP1@aol.com

<input type="checkbox"/> CHECK HERE CASE WAS FILED IN ORMA AUPERIS	FILING FEES PAID			STATISTICAL CARDS	
	DATE	RECEIPT NUMBER	C.D. NUMBER	CARD	DATE MAILED
	5/13/11	43206		JS-5	
				JS-6	

DATE	NR.	11-cv-3160	PROCEEDINGS
May 13	1	Complaint, Jury Demand. (fdc)	
"	2	MOTION TO SEAL JUDICIAL PROCEEDINGS, CERTIFICATE OF SERVICE. (fdc)	